

ST. ANTHONY OF PADUA HOLY NAME SOCIETY

APPLICATION FOR MEMBERSHIP

NAME

Last

First

Middle

ADDRESS

City

State

Zip Code

Home Phone

Cell Phone

DATE OF BIRTH

Month

Date

Year

AGE JOINED

DATE JOINED

_____ Dues (\$20 per year)

_____ Cash/ Check #

Parish registered in _____

Email Address: _____

Dues will be billed when application is received We will pro-rate them so all
Dues are paid for calendar year.

Signature _____

Check can be made out to Holy Name Society

Please mail application and check to St. Anthony Church 1010 Ferguson St.
Rockford Ill, 61102