Saints JFX Women's Club
Annual Membership Form

Name: _____

Address: _____

City: _____ **Zip:** _____

Home phone: _____ **Cell:** _____

Email: _____

Please check all that apply:

☐ I am a NEW member.
☐ I am a current member, but have new contact information (complete above section).

MEMBERSHIP: I would like to join as a:

☐ **Guild Member** (View descriptions at www.ssjfx.org/womens-club.html)
- ☐ Guild 2
- ☐ Guild 3
- ☐ Guild 4
- ☐ Guild 5

☐ **Associate Member**

INTERESTS:
I would like to volunteer for the following:

☐ Membership Dinner (Sept.)
☐ Mass of Remembrance (Oct.)
☐ Christmas Toy Drive (Nov/Dec)
☐ Holiday Bake Sale (Dec)
☐ Pizza & Bingo Night (Feb)
☐ Friendship Bags (Feb)
☐ Valentine's Tea (Feb)
☐ Joseph Table (March)
☐ Prayer Blanket Ministry
☐ In Service of Others

Mail form and check for $40 to:
Saints JFX Women's Club
C/of: Diane Clarke
302 Laurel Avenue
Wilmette, IL 60091