



Membership Application

Date: _____

Last Name: _____ First: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Children attending St. Christopher School:

Name:	Grade:
_____	_____
_____	_____
_____	_____

Annual dues: \$50 Collected by: _____ Date : _____

Meetings:

Fourth Thursday of the month in the St. Christopher Gym.
Social begins at 7:00. Meeting starts at 7:30