



2024-2025 MEMBER REGISTRATION
Annual Dues: \$25

For more information, please email info@wosf.org or visit wosf.org.

New Member Returning Member Updated Contact Info Date: ____/____/____

FULL NAME _____

SPOUSE'S/PARTNER'S NAME _____

BIRTHDAY (MONTH/DAY) _____ ANNIVERSARY _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

PREFERRED FORM OF CONTACT Phone/Text Email

WHAT YEAR DID YOU BECOME A ST FRANCIS OF ASSISI PARISHIONER? _____

WHAT PARISH GROUPS AND/OR ACTIVITIES ARE YOU INVOLVED IN? _____

WHAT IS YOUR REASON(S) FOR INTEREST IN WOSF? _____

HOW DID YOU LEARN OF WOSF? _____

CHECK THE VOLUNTEER COMMITTEES YOU'RE INTERESTED IN JOINING.

- Fashion Show
- Hospitality
- Membership
- Pew Crew
- Publicity/Webmaster
- Rosary
- Scholarship
- Social
- Spirituality
- Sunshine

WOSF DIRECTORY AND PHOTO RELEASE

I grant the WOSF permission to list my contact information in the 2024-2025 WOSF Directory to be shared with WOSF members. I understand this information includes my full name, address, phone number, email address and birthday. I also grant the WOSF permission to use my likeness/photos for the private WOSF Facebook group and materials used to publicize the WOSF ministry. *Note: Your information will not be used for commercial purposes.*

INITIAL HERE: _____

ADMINISTRATIVE PROCESSING

PAYMENT DATE _____ AMOUNT _____ FORM OF PAYMENT _____