

MEMBERSHIP FORM

HOST** GUILD OF SACRED HEARTS PARISH

(Please return this form with your dues.)

**HOST stands for Humility, Obedience, Service, Trust.

NAME: _____

ADDRESS: _____

PHONE(S): _____ (home)

_____ (cell)

_____ (other)

E-MAIL: _____

Please check one:

_____ Dues of \$10.00 per person are enclosed (checks made payable to "Sacred Hearts Church").

_____ I want to participate but need assistance with dues.

Please mail this form with your dues to:

Johanna Conti
7326 State Route 19, #3110
Mt. Gilead, OH 43338

For Treasurer's Use Only:

Date Received: _____ *Amt. Received: Cash:* \$ _____ *Check:* \$ _____ *Check Number:* _____