



NAME				DATE OF BIRTH			
				/ /			
PREFIX	FIRST	MI	LAST	SUFFIX	MONTH	DAY	YEAR
ADDRESS					EMAIL		
LINE 1			CITY		THIS ADDRESS IS SEASONAL		
LINE 2 (OPTIONAL)			STATE	ZIP			
PHONE					PREFERRED MODE OF CONTACT		
					EMAIL		
					PHONE		
					MAIL		
CELL	HOME		WORK				

PARISH	CHILDREN / GRANDCHILDREN (INCLUDE NAME AND AGE OF EACH)
OCCUPATION	BEST TIME TO ATTEND EVENTS
	DAY NIGHT WEEKENDS
INTEREST AREAS (CHECK ALL THAT APPLY AND SPECIFY EXAMPLES BELOW EACH)	
VOCATIONS EX: PRE CANA, SEMINARY	SOCIAL SERVICES EX: MEDICAL TREATMENT
FAITH FORMATION EX: R.C.I.A, CATHOLIC SCHOOLS	PARISH LIFE EX: BUILDING PRESERVATION
TYPES OF EVENTS I'M INTERESTED IN (CHECK ALL THAT APPLY)	
GUEST SPEAKER SITE VISIT SERVICE PROJECT HAPPY HOUR OTHER	
OTHER ORGANIZATIONS I'M INVOLVED WITH	
WHAT I'D LIKE TO GET OUT OF THIS GROUP	
HOW I HEARD ABOUT THE GROUP	



Please return this form to:
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Pay via check or online at www.catholic-foundation.org/TheMarthas

I HAVE PAID ONLINE

A CHECK IS INCLUDED WITH THIS MEMBERSHIP FORM (PAYABLE TO THE CATHOLIC FOUNDATION)