



ST. SYLVESTER AUXILLARY #13277

## **MEMBERSHIP REQUEST**

*(Complete Top Section Only)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Husbands Name (If Applicable) \_\_\_\_\_ Date of Birth (Month & Date Only) \_\_\_\_\_

Are you a Practical Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Columbiette Affiliation Yes \_\_\_\_\_ No \_\_\_\_\_

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1<sup>st</sup> Degree Date \_\_\_\_\_ Major Degree Date \_\_\_\_\_

Notes \_\_\_\_\_

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Reviewers Signature

Date