

# MEMBERSHIP FORM

RESURRECTION CHURCH

ST. RITA CHURCH

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CHECK ONE:

- New Registration
- Change of Address
- Moving out of Parish
- Want Envelopes

*Please drop Membership Form into the offertory basket or mail to Rectory.*