

# Friends of St. Mary

**YEARLY DUES \$10.00 make checks payable to Friends of St. Mary**

## MEMBERSHIP APPLICATION FORM

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Preference for contacting please choose all that apply**

**Phone**

**EMAIL**

**POST**

**Area of volunteer interest:** \_\_\_\_\_

**Availability (days, weekends etc..)** \_\_\_\_\_

**Please tell us a little bit about you and your interests:**

**Do you have special talents that you would like to put to good use in volunteering?**

Remit to: Friends of St. Mary  
c/o St. Mary of Providence  
4200 N. Austin Ave.  
Chicago IL 60634