

Holy Spirit Catholic Community

Membership Registration Form

Full Name: First _____ M.I. _____ Last _____

Name You Would Like to Be Called: _____

Age (Optional): _____

Name of Spouse or Significant Other: _____

Children's Names and Ages: _____; _____;

_____;

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: Home _____

Work _____ Mobile _____

Best way to contact you: _____

Would you like to serve in one or more of our ministries: (Please check all of interest)

Adult Formation (Spiritual Enrichment)

Communications

Finance

Justice and Peace

Liturgy

Social Outreach