

The Women's Guild of St. John Armenian Church

Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____

EMAIL _____

HUSBAND'S NAME _____

HOW MANY CHILDREN? _____ AGES _____

HOW LONG HAVE YOU BEEN A PART OF ST. JOHN'S? _____

PLEASE CHECK ALL OF THE AREAS WHICH ARE OF INTEREST TO YOU:

FELLOWSHIP WITH WOMEN

SOCIAL EVENTS

COOKING, BAKING

OUTINGS

SERVICE AND OUTREACH TO PARISHIONERS

MOTHER'S GROUP

SERVICE AND OUTREACH TO THE GREATER COMMUNITY

DISCUSSIONS ON FAITH

WHAT GIFTS, TALENTS, AND/OR EXPERIENCES DO YOU HAVE THAT YOU WOULD BE WILLING TO SHARE? _____

WHAT ARE YOUR PROFESSIONAL SKILLS AND/OR OCCUPATION? _____

ANNUAL DUES ARE \$25. PLEASE MAKE CHECKS PAYABLE TO: ST. JOHN WOMEN'S GUILD AND MAIL TO THE GUILD AT 22001 NORTHWESTERN HIGHWAY ~ SOUTHFIELD, MICHIGAN 48075