

APPLICATION FOR MEMBERSHIP TO THE
WOMEN'S GUILD OF ST. JOHN ARMENIAN CHURCH

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____

Email address _____

Husband's Name (if married) _____

Have you been Baptized and Confirmed? _____

Name of Church _____ City , State

List organizations, Armenian and other, to which you belong:

What are your professional skills/occupation? _____

What skills do you feel you can bring to the Women' s Guild?

Comments _____

Regular meetings of the organization are generally held on the first Wednesday of each month with no meetings in July and August.

Annual dues are \$25. Please make your check payable to St. John's Women's Guild and send it with your application to Yerchanig J. Callan, 36445 Valley Ridge Dr., Farmington Hills, MI 48331.

*****Please do not write below this line *****

Date approved _____

Date applicant was notified _____

Date applicant was accepted _____