

# SQUIRETTES OF MARY



## APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

Circlette Name: Circlette of Mary's Angels

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

Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone #.: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(month/day/year)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Church Attended: \_\_\_\_\_  
(City, State)

Name of Parish Priest: \_\_\_\_\_

List Clubs You Belong To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(OR) Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Chief Counselor/Counselor Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Investiture Date: \_\_\_\_\_