



PORTUGUESE AMERICAN ROSARY SOCIETY OF OUR LADY OF
FATIMA
8104 CASTOR AVENUE
PHILADELPHIA, PA 19152

MEMBERSHIP APPLICATION/PROPOSTA DE SOCIO

I, AS IDENTIFIED BELOW, AM REQUESTING TO BECOME A MEMBER OF THE ORGANIZATION.

INDIVIDUAL FAMILY RETIRED/SENIOR STUDENT/ACTIVE MIL. SOCIAL ASSOCIATE

NAME: _____

BUSINESS NAME IF APPLICABLE: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____ EMAIL: _____

FAITH: _____ AGE: ____ CIVIL STATUS: _____ PORTUGUESE ANCESTRY: BORN

IF YOU WERE NOT BORN IN PORTUGAL, NAME AND RELATIONSHIP OF RELATIVE YOU ARE CLAIMING
PORTUGUESE ANCESTRY THROUGH: _____

LOCATION IN PORTUGAL YOUR FAMILY IS FROM: _____

.....
NAME OF SPOUSE: _____

CHILDREN 18 YEARS OF AGE OR UNDER:

• NAME: _____ AGE: _____

• NAME: _____ AGE: _____

• NAME: _____ AGE: _____

• NAME: _____ AGE: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

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APPROVED AT THE BOARD OF DIRECTORS MEETING ON _____ WITH MEMBERSHIP # _____

PRESIDENT: _____ SECRETARY: _____ TREASURER: _____