Ladies of Charity



Application for Membership

| Name | |
|-------------------------------------|--|
| Address | |
| | cell |
| Work | |
| | |
| Parish or Faith | |
| Sponsor (A member who can give cl | haracter reference) |
| Date of | |
| consecutive months during which tin | he Nearly New Show. She will also attend a |

regular business meeting of the Ladies of Charity. New members will participate in an investiture ceremony. It is expected that new members will commit to remain active members for a minimum of three (3) years.

Membership Chair~ Maryann Houlihan 584-39\$2

Please mail this application to:

Maryann Houlihan, 80 Fairview Ave.,

Apt 410, Binghamton, N 13904