

ST. MARY OF THE IMMACULATE CONCEPTION- PARISH MEMBERSHIP FORM

309 W. Cook St., Portage, WI 53901 (608) 742-6998

HOUSEHOLD NAME & ADDRESS

Last Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Primary Email: _____

OFFICE USE ONLY

Membership/Envelope # _____

Date Registered: _____

Date Entered into Database: _____

	Male Head of Household	Female Head of Household	1st Child	2nd Child	3rd Child	4th Child
First Name						
Middle Name						
Last Name						
Gender			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth						
Marital Status						
Maiden Name						
Religion						
Ethnicity						
Personal Cell Phone						
Personal Email						
Occupation						
School Attending						
Grade in School						

All registered members of the parish automatically receive contribution envelopes via US Mail three times per year. If you'd like to contribute electronically please check the box and someone from the parish will contact you.