

New Member Form

Name: _____

Married _____ or Single _____

Age Range: 20s _____, 30s _____, 40s to 50s _____

Catholic _____, Christian _____, or Other _____

Have Children? Yes _____ or No _____

Do you need childcare during meetings? Yes _____ or No _____

If yes, what are their ages? _____

Email: _____, Phone: _____

Interests (Check all that apply): Fellowship _____ Faith Topic _____

Eucharistic Adoration _____ Bible Study _____ Praise and Worship _____

Socialization _____ Outings _____ Games _____ Mass attendance together _____

Other: _____

Preferred meeting frequency: Weekly _____, Monthly _____, or every other week

Preferred meeting days (circle all preferences): M, T, W, TH, F, Sat, Sun

Preferred meeting time(s): _____