

SEVEN DOLORS CHURCH – MEMBERSHIP FORM

Name _____

Phone _____

Email _____

Cell _____

Address _____

City _____

Zip _____

PLEASE CHECK ONE:

New Registration

Change of Address

Moving out of Parish

Want Envelopes

Please drop Membership Form into the Collection Basket,
or mail to the Parish Office at (102 Center Street) PO Box 308, Yukon, PA 15698