



Franciscan Federation
Associate Membership
Application/Renewal Form
January 1, 2017 – December 31, 2017

Office Use Only:	
Date: _____	Amt: _____
Check #: _____	
<input type="checkbox"/> Database	<input type="checkbox"/> Directory
<input type="checkbox"/> Musings	

Please return with payment
Print clearly or type the following information:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

For further information contact National Office: email: franfedoffice@franfed.org,
phone: 718-858-8819

DUES: \$105 per year

Total amount enclosed: \$ _____

Please make your check payable to the **Franciscan Federation**

**Mail check and form to: Associate Renewal
Franciscan Federation
135 Remsen Street
Brooklyn NY 11201**

Note: This form is for Franciscan organizations who wish to be associated with the Third Order Franciscan Federation, or for individuals who are not members of a Member Third Order Franciscan Community but would like to be associated with the Federation.