

Office Use Only: Date _____
Amt: _____ Check# _____
Database _____ Musings _____



Associate Membership
Franciscan Federation
Application Form
January 1, 2022 – December 31, 2022

Please print clearly:

Name of Group: _____

Contact's Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Description of Group: _____

DUES: \$105.00 per year **Total amount enclosed \$** _____

Please make your check payable to the **Franciscan Federation**
(The Federation does not accept credit cards yet!!)

Mail check and form to: **Franciscan Federation**
 National Office
 Membership Form
 135 Remsen Street
 Brooklyn NY 11201

Sister Carol Woods, sfma 929-207-3653 Sister Lilia Kagendo, Isosf 929-207-3654
Co-Executive Directors, Franciscan Federation