Office Use Only: Date_____
Amt:_____ Check#_____
Database ____ Directory _____

Congregational
Associate/ Co-journer/ Covenant Member /Companion

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

Please print clearly:

Name:_____ Email:_____

Address:_____ Phone:_____

City:_____ State:_____ Zip:_____

Congregation: _____

DUES: $20.00 per year **Total amount enclosed $_____**

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

Mail check and form to:

Franciscan Federation
Associate Renewal
National Office
135 Remsen Street
Brooklyn NY 11201

Sister Carol Woods, sfma 929-207-3653 Sister Lilia Kagendo, lsosf 929-207-3654
Co-Executive Directors