

## 2018/2019 SAFC Membership Application

Please complete this application and send into school with your child in an envelope marked "St Agnes Fathers Club." Please don't forget to enclose your membership check for **\$35.00**, or supply the information to charge your American Express Card in Part B below.

**Name:** \_\_\_\_\_

<input type="checkbox"/> <b>My information has not changed.</b> (Check box and skip to Part B)
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Part A

**Spouse's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Town/Village:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Part B

Please check the box if you belong to the following social media sites;

**Facebook**

**LinkedIn**

If you would prefer to pay by American Express Card, please complete the following:

**American Express Card Number:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVCC Code (4 digit):** \_\_\_\_\_