

2017/2018 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"/> My information has not changed. (Check box and skip to Part B)

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):** _____