

INTERNATIONAL CRUSADE FOR HOLY RELICS FRIENDS OF THE SAINTS CONFRATURNITY

ONLINE MEMBERSHIP ENROLLMENT

Youth Teen Young Adult Adult Senior Individual Family Religious

Enrollee Name: _____

Spouse: _____

Children: _____

Children: _____

Children: _____

Enrollee: Date of Birth: _____ Patron saint: _____

Spouse: Date of Birth: _____ Patron saint: _____

Children: Date of Birth: _____ Patron saint: _____

Children: Date of Birth: _____ Patron saint: _____

Children: Date of Birth: _____ Patron saint: _____

Mailing address: _____

Street: _____

City: _____

State: _____

Zip code: _____ Country: _____

Telephone number: _____

E-mail address: _____

Parental permission for youth and teen:

Religious organizations you belong to: _____

Devotions you practice and participate in: _____

Are you involved in the Parish? Yes No

Parish: _____

Mailing address: _____

Street: _____

City: _____

State: _____

Zip code: _____ Country: _____

Telephone number: _____

Would you like to sponsor three friends?

Name: _____
Mailing address: _____
Street: _____
City: _____
State: _____
Zip code: _____ Country: _____
Telephone number: _____
E-mail address: _____
Parental permission for youth and teen:

Name: _____
Mailing address: _____
Street: _____
City: _____
State: _____
Zip code: _____ Country: _____
Telephone number: _____
E-mail address: _____
Parental permission for youth and teen:

Name: _____
Mailing address: _____
Street: _____
City: _____
State: _____
Zip code: _____ Country: _____
Telephone number: _____
E-mail address: _____
Parental permission for youth and teen:

Would you like to receive the FSC newsletter? Yes No thanks
Would you like to join the FSC chatroom? Absolutely Not now
Parental permission for youth and teen:

I AM INTERESTED IN ESTABLISHING A ICHR_{USA} CHAPTER

Parish School Classroom Youth group

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