

Together we can make a difference!

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2019-2020 Academic Year Membership Application Form Membership Dues: \$10 Annually

Name	
Address	
City – State – Zip	
Home Phone	
Cell Phone	
Email Address(es)	
Child(ren) Name/Grade	

Please print clearly. EMAIL is our method of communication. If you prefer to receive communication by another means, please indicate how you would like us to contact you here:

We welcome additional volunteers to help make our events successful. Should you be available to assist the Women's Guild in preparing for our events, please let us know below:

I _____ am available / I _____ am not available to assist with Women's Guild Events

The Holy Cross Women's Guild Membership Dues are \$10.
Please make your check payable to Holy Cross Women's Guild and mail to:
Holy Cross Women's Guild c/o Holy Cross High School
26-20 Francis Lewis Blvd.
Flushing, NY 11358

For office use only:

Paid by _____ check _____ cash