

ST. AUGUSTINE CATHOLIC CHURCH
1210 Gov. Nicholls Street
New Orleans, LA 70116

525-5934

MEMBER'S REGISTRATION CARD

Name: _____

Address: _____

Phone # _____

I am presently a member of _____ Church.

I, _____, the undersigned, hereby pledge and commit myself to be enrolled as an envelope-bearing, tithing member of St. Augustine Catholic Church in Faubourg Tremé of New Orleans. I will do whatever I can to support the activities and various programs of my church parish.

Given this day, _____

PLEASE COMPLETE THE BELOW INFORMATION:

I would like to become a member of St. Augustine.

I would like to become an associate member.

I would like to assist in church activities.

List activities: _____,
