

**APPLICATION FOR MEMBERSHIP TO THE
WOMEN'S GUILD OF ST. JOHN ARMENIAN CHURCH**

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Email address _____

Husband's Name (if married) _____

Have you been Baptized and Confirmed? _____

Name of Church _____ City, State _____

List organizations, Armenian and other, to which you belong: _____

What are your professional skills/occupation? _____

What skills do you feel you can bring to the Women's Guild? _____

Comments _____

Regular meetings of the organization are generally held on the first Wednesday of each month with no meetings in July and August.

Annual dues are \$20. Please make your check payable to St. John's Women's Guild and send it with your application to Linda Assarian, 3050 Bloomfield Crossing, Bloomfield Hills, MI 48304.

_____ Please do not write below this line _____

Date approved _____

Date applicant was notified _____ Date applicant was accepted _____