Resident Membership Information

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s date |  |  | **New to St. Paul’s** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family (last) Name: | | | | | | | First Name: | | | | | | | | |
| Mailing Address: | | | | | City: | | | | State: | | Zip: | | | | |
| Home phone: | | | Cell phone: | | | | | Email: | | | | | | | |
| Spouse First Name: | | | Spouse Cell: | | | | | Spouse Email: | | | | | | | |
| **Please complete for Each Family Member (self, spouse, and children)** | | | | | | | | | | | | Sacraments Received | | | |
| First name | Last name  (if different from above or maiden) | Gender  M/F | | Birthdate  MM/DD/YY | | Religion | | | | Employer | | Baptism | Eucharist | Confirmation | Matrimony |
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I/We, the parent(s)/guardian(s) of the youth(s) mentioned above, authorize and give full consent, without limitation or reservation, to St. Paul’s Newman Center to publish any photograph or video in which the above named student(s) appear(s) while participating in any program associated with St. Paul’s Newman Center. There will be no compensation for use of any photograph or video at the time of publication or in the future.

**Yes, you may use photo/video**  **No, you may not**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  |  |  |

**Which option(s) would you prefer to use for your financial stewardship?**

Electronic Fund TransferWeekly Stewardship Envelopes

Student Membership Information

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s date |  |  | **New to St. Paul’s** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | | | | | | First Name: | | | | | |
| Laramie Mailing Address: | | | | | City: | | | | | State: | | Zip: |
| Cell phone: | | | Email: | | | | | | Birthdate: | | | |
| Gender: | | Religion: | | Major: | | | | | | | Year in School: | |
| Sacraments Received :  Baptism  Eucharist  Confirmation  Matrimony | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Parents’ Contact Information** | | | | | | | | | | | | |
| Father’s Name |  | | | | | Mother’s Name | |  | | | | |
| Address |  | | | | | Address | |  | | | | |
| City, State and Zip |  | | | | | City, State and Zip | |  | | | | |
| Email |  | | | | | Email | |  | | | | |
| Phone |  | | | | | Phone | |  | | | | |
| UW alumnus? | **yes  no** | | | | | UW alumna? | | **yes  no** | | | | |

I authorize and give full consent, without limitation or reservation, to St. Paul’s Newman Center to publish any photograph or video in which I appear while participating in any program associated with St. Paul’s Newman Center. There will be no compensation for use of any photograph or video at the time of publication or in the future.

**Yes, you may use photo/video**  **No, you may not**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  |  |

**School?**  **Which option(s) would you prefer to use for your financial stewardship?**

UW Electronic Fund Transfer

LCCC Weekly Stewardship Envelopes

WYO TECH