

*Associates of the Sisters of Saint Dorothy
of Saint Paula Frassinetti
North American Province*

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ *Fax:* _____

E-mail _____

Parish _____

Please provide information on the following:

1. Personal interests

2. Work experience (current and past)

3. Family

4. Parish Ministry

Please return to the Associate Region Coordinator when completed. Thank you.