



# ST. PAUL

8720 Florin Road—Sacramento, CA 95828

Phone 916-381-5200

[www.stpaul-florin.org](http://www.stpaul-florin.org)

saintpaulcatholic@comcast.net

## MEMBERSHIP REGISTRATION

Date: \_\_\_\_\_

<input type="checkbox"/> New	<input type="checkbox"/> Re-Register
------------------------------	--------------------------------------

(Mr., Mrs. Ms.)	First *	M.I.	Last*						
Address*									
City *									
State*		Zip code*							
Home phone*		Cell phone							
Work phone		Email							
Ethnicity <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asian / Pacific Islander</td> <td><input type="checkbox"/> Black / African American</td> </tr> <tr> <td><input type="checkbox"/> Caucasian</td> <td><input type="checkbox"/> Hispanic / Latino</td> </tr> <tr> <td><input type="checkbox"/> Native American</td> <td><input type="checkbox"/> Multi Ethnic</td> </tr> </table> Other (Specify):				<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Native American	<input type="checkbox"/> Multi Ethnic
<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Black / African American								
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic / Latino								
<input type="checkbox"/> Native American	<input type="checkbox"/> Multi Ethnic								
Primary language		<input type="checkbox"/> English <input type="checkbox"/> Other:							

\* Required information

I would like to register as:
   
 Individual member
   
 Couple member
   
 And family (Please complete the info below)

First	M.I.	Last	M/F	Date of Birth

(If more space is needed, please use back of the form)

Occupation:	
-------------	--

Signature:\* \_\_\_\_\_

\_\_\_\_\_