



LPMI Alumni Association 2015-2016 MEMBERSHIP REGISTRATION FORM

Date: _____

Last Name	First	M.I.	Title (Mr., Mrs., Etc.)
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Mailing Address	City/State	Zip Code
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Telephone	Alternate Phone Number	Email Address
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Parish / School where I minister	Area of Ministry/ Ministries	Year Commissioned
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Membership Dues for 2015 (July 1, 2015 - June. 30, 2016) \$10.00
Or \$100 for Lifetime CHARTER membership
 Please make checks payable to: LPMI Alumni Association

Would you like to serve on an Alumni Association Committee? Please check the box or boxes below to indicate your interest.

- | | |
|---|---|
| <input type="checkbox"/> Alumni Association Board
<input type="checkbox"/> LPMI Program Promotion
<input type="checkbox"/> Membership Committee | <input type="checkbox"/> Morning of Reflection Committee
<input type="checkbox"/> Newsletter Staff
<input type="checkbox"/> Other _____ |
|---|---|

THANK YOU! Please print this form and mail it to our treasurer with your \$10 check to

John Mulvihill
16305 Colwood Drive
Odessa, FL 33556

For more information, please contact Membership Committee Chairperson
 Stephanie Marshall smarshall2013@gmail.com

For Office Use Only

Date received: _____
Check # _____
Amount: _____
Cash

Membership acknowledgment sent on _____

Please do not mail cash. Cash payment will be accepted at the Morning of Reflection only.