



Men of Marian Membership Application  
School Year 2015 - 2016  
\$5.00 per person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Lifetime Membership (\$50.00) \_\_\_\_\_