

**Saint Joseph
300 Club**

NEW MEMBER REGISTRATION FORM

PLEASE PRINT

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Number preference _____ (if available) or _____ let us choose for you.

\$80 annual membership fee, commensurate September 2017

_____ I am enclosing \$80

_____ I would like to be billed:

_____ quarterly (\$20 payable Sept. Dec. March & June)

_____ semi-annually (\$40 payable Sept. & March)

Please place in the offering basket, bring to the Parish Office at 6 High St.,
or mail to P.O. Box 285, Belmont, NH 03220