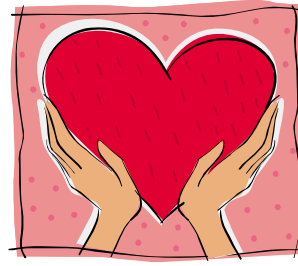


the Auxiliary



.... hearts and hands of the Pastoral Institute

MEMBERSHIP FORM

Membership Year: _____

Last Name: _____ First: _____ MI: _____

Nickname: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Work No.: _____ Cell No: _____

E-mail address: _____

Names and Ages of Children:

Please select at least one of the following committees to join:

- Development
- Reaching Out
- PI Support
- Gardening
- Events
- Women Helping Women

Committee Selection: 1. _____

2. _____

3. _____

Please complete this form and mail with your membership check to: Pastoral Institute, Development Office, P.O. Box 8649, Columbus, GA 31908.