

# ST. JOSEPH'S MEN'S CLUB

## Membership Registration Form

*(If you are unable to register online at [www.stjosephswarrior.com](http://www.stjosephswarrior.com) (RECOMMENDED), kindly complete this form and send it, together with a \$50.00 check payable to St. Joseph's Men's Club, to St. Joseph's Men's Club, P.O. Box 428, Bronxville, NY 10708)*

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Men's Club Registration: \$50 \_\_\_\_\_ Donation: \_\_\_\_\_  
[Please make checks payable to *St. Joseph's Men's Club*]

### If you have grammar school age children:

Child Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ SJS or CCD *(please circle as appropriate)*

Child Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_ SJS or CCD *(please circle as appropriate)*

*(Use Back of Form for Additional Children)*

Would you be willing to coach/assist one of our youth sports teams? Yes \_\_\_ No \_\_\_

Would you be willing to run/lend a hand at one of our events or programs? Yes \_\_\_ No \_\_\_

*Contact Tom Okon at ([token@castlerockstone.com](mailto:token@castlerockstone.com)) with any questions or requests for additional information.*

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### Men's Club Recordkeeping Use Only

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_

Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_

Receiving Officer's Initials: \_\_\_\_\_