



2024 MEMBERSHIP APPLICATION/RENEWAL

Name _____
Print as you would like it to appear in the Directory

Address: _____

Spouse's Name _____ Email Address _____

Home Telephone _____ Cell _____

WB Sponsor (if applicable) _____

MFA# (if applicable) _____

Prospective Misericordia Family Member? _____

PAYMENT INSTRUCTION:

_____ Please enroll/renew me as an ACTIVE MEMBER (\$175 DUES). I understand my responsibility to: attend three meetings or functions; serve on a committee; and, support the Auction, Angel Appeal and the Annual Heart of Mercy Ball.

_____ Please renew me as a SUSTAINING MEMBER (\$100 DUES)

_____ I paid online at www.misericordia.com/volunteer/womens-board/

_____ Check enclosed

Make check payable to Misericordia Women's Board and remit by

December 31, 2023 for inclusion in the 2024 Directory to: