

St. Brigid



**New member information:**

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Days and times available for service projects: \_\_\_\_\_

\_\_\_\_\_

Days and times preferred for social events: \_\_\_\_\_

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

When complete, please turn this form into the Parish Office.

*'There are no strangers here, only friends we have not met'.*