

**HOLY CROSS
LETTO SANTO
Society & Auxiliary
Easton, PA**

DATE _____

NAME _____

ADDRESS _____

AGE _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ CELL# _____

EMAIL ADDRESS _____

I hereby apply for membership in the HOLY CROSS SOCIETY (LETTO SANTO) OF EASTON, PA., OR AUXILIARY, and I will obey the RULES AND BY-LAWS of the ORGANIZATION.

The applicant (NOT A CHARTER MEMBER) must be from SANTO STEFANO di CAMASTRA OR A descendant OR SPOUSE OF A descendant from SANTO STEFANO DI CAMASTRA.

SIGNATURE OF APPLICANT

MY PARISH CHURCH _____

ADDRESS _____ CITY _____ ST _____

NAMES OF PARENTS

FATHER'S NAME _____

PLACE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

PLACE OF BIRTH _____

DATE ACCEPTED FOR MEMBERSHIP _____

REASON FOR REJECTION _____

WITNESS: _____

WITNESS: _____

SPONSOR OF APPLICANT _____

MEMBERSHIP TYPE: _____