

**HOLY CROSS SOCIETY OF EASTON, PA (LETTO SANTO)**  
*Application for Society \_\_\_\_\_ or Ladies Auxiliary \_\_\_\_\_ (check one)*

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ CELL# \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

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

Applicants (NOT A CHARTER MEMBER) must be from SANTO STEFANO di CAMASTRA OR A DIRECT DESCENDANT OR SPOUSE OF A DIRECT 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 \_\_\_\_\_

**CONNECTING RELATIVE TO SANTO STEFANO DI CAMASTRA OR CONNECTION TO THE TOWN**

\_\_\_\_\_

SPONSORING MEMBER OF APPLICANT \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE ACCEPTED FOR MEMBERSHIP \_\_\_\_\_

REASON FOR REJECTION \_\_\_\_\_

**Please mail this application to: Michael LaValva,  
2675 Peggy St,  
Easton PA 18045**