

The Friends of Old Saint Thomas

Membership Form

Print this page send the form with your payment to:

**The Friends of Old Saint Thomas
P.O. Box 19
Chester Heights, PA 19017**

Name: _____

Address: _____

_____ **Zip:** _____

Phone: _____

Email: _____

Special Interest(s): _____

Annual Membership (check one)

- _____ **Individual Membership (\$10)**
- _____ **Family Membership (\$15)**
- _____ **In the Pews (\$25)**
- _____ **Choir Loft (\$50)**
- _____ **Bell Ringer (\$100)**

Additional Contribution: \$ _____

Total Enclosed: \$ _____

Today's Date: _____