

**ST. SCHOLASTICA PARISH:  
MEMBERSHIP UPDATE FORM**

Please fill in all contact information. Then, provide any information you would like us to update in the parish records. When completed, please return to the parish office.

**Contact Information**

**Name of Person Submitting Form**

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**Address**

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**City, State, Zip Code, Country**

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**Phone**

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**Household Email**

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[ ] Please send me information on St. Scholastica's electronic funds transfer program or online giving.

**What Information Would You Like to Update in our Records?** (If you need to add more info, please use more paper.)