



MEMBERSHIP APPLICATION

Application Date: _____
Month/Day/Year

Title _____ First Name _____ Middle Initial ____ Last Name _____
(Mr., Mrs., Rev., Msgr., etc.)

Street Address _____

City _____ State _____ Postal Code _____

Home Telephone (_____) _____ Cell-phone (_____) _____

Email Address _____ Date of Birth _____
Month/Day/Year

I am applying for ____ Devotee (\$100 per year)

My check in the amount of _____ is enclosed (*please, make check payable to Saint Pio Foundation*)

I made a payment in the amount of _____ via credit card on ___/___/_____

Profession/Occupation _____

Company Name _____

Company Street Address _____

City _____ State _____ Postal Code _____

Please explain how you become acquainted with the Saint Pio Foundation?

In the space below or using additional paper, describe the significance of Padre Pio in your life

*Please note that the tenure for applicants for membership in the *Saint Pio Foundation* is five years with the possibility of an extension