Friends of Pendola

Membership Form

Member #1 Information

Last Name, First Name____

Maiden Name (if applicable)____

Current staff? (Please circle) Yes No

Mailing address____

City, State, ZIP Code ____

Home Phone (include area code) _______________________________________

Work Phone (include area code) ____

Cell Phone (include area code) ____

E-mail address ____

Special skills to share or areas of interest (check as many as apply)

☐ Construction ☐ Painting ☐ General clean-up ☐ Fundraising ☐ Social events

☐ Membership drive ☐ Other

Would you like to receive your newsletter via

☐ E-mail ☐ US Mail

May we publish your information in the ***Friends of Pendola*** Directory? ☐ Yes ☐ No

Your connection to Pendola Center

Summer staff	19____ to ______	or	20____ to ______
Family Camp staff	19____ to ______	or	20____ to ______
Creature Camp staff	19____ to ______	or	20____ to ______
Camper	19____ to ______	or	20____ to ______
Participant in diocesan retreats	19____ to ______	or	20____ to ______
Member of the diocesan retreat team	19____ to ______	or	20____ to ______

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Member #2 Information

Last Name, First Name

Maiden Name (if applicable)

Current staff? (Please circle) Yes No

Mailing address

City, State, ZIP Code

Home Phone (include area code)

Work Phone (include area code)

Cell Phone (include area code)

E-mail address

Special skills to share or areas of interest (check as many as apply)

☐ Construction ☐ Painting ☐ General clean-up ☐ Fundraising ☐ Social events

☐ Membership drive ☐ Other

Would you like to receive your newsletter via

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May we publish your information in the ***Friends of Pendola*** Directory? ☐ Yes ☐ No

Your connection to Pendola Center

Summer staff	19____ to ______	or	20____ to ______
Family Camp staff	19____ to ______	or	20____ to ______
Creature Camp staff	19____ to ______	or	20____ to ______
Camper	19____ to ______	or	20____ to ______
Participant in diocesan retreats____	19____ to ______	or	20____ to ______
Member of the diocesan retreat team	19____ to ______	or	20____ to ______

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Membership Dues

Dues are payable to ***Friends of Pendola***, either by check or money order.

$25 per household __________ (One or two persons)

Additional contribution __________

Amount enclosed __________

Please mail your membership form and check or money order to: ***Friends of Pendola*,** PO Box 188575, Sacramento CA 95818-8575