

The San Antonio Sisters of Perpetual Indulgence, Inc.

Membership Application Form



Name: _____

City of Residence: _____

Phone Number: _____ Date of Birth: _____

Have you ever been a part of another Sister House?
(If yes, please explain on back of form) _____

Where did you first meet the Sisters of Perpetual Indulgence? _____

Why do you want to join the San Antonio Sisters? _____

What prior community volunteer experience do you have? _____

Applicant Signature

Date

Board Member Signature

Date