



Application for Membership

LADIES OF CHARITY OF ARKANSAS

NAME _____
LAST FIRST

ADDRESS _____
STREET CITY STATE ZIP

BIRTHDAY _____

PROFESSION _____

LANGUAGES _____

HOME PHONE _____ CELL _____

E-MAIL _____

PARISH OR FAITH _____ DATE OF APPLICATION _____

Please send your check payable to: **Ladies of Charity of Arkansas** for dues of \$15.00 with the application to:

*Kristy Eanes
Diocese of Little Rock
2500 North Tyler Street
Little Rock, AR 72207*

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OFFICE USE ONLY

VIRTUS TRAINING COMPLETED DATE: _____

CHECK NUMBER: _____

SPONSORED BY: _____
(CHAIRMAN OF MEMBERSHIP COMMITTEE)