



Congregational Associate/Cojourner/Covenant member
Franciscan Federation
Application Form

Print clearly:

Name: _____ Email: _____

Address _____ Phone: _____

City: _____ State: _____ Zip: _____

Congregation to which you are associated: _____

Term use by congregation Associate Cojourner Covenant member
Other: _____

Please sign me up to receive the monthly e-newsletter Musings.
Musings is emailed on the 8th of each month.

DUES: \$20.00 per year

Total amount enclosed: \$ _____

Please make your check payable to the **Franciscan Federation**
(The Federation does not accept credit cards)

Mail check and form to: Franciscan Federation
National Office
P.O. Box 29080
Washington, D.C. 20017

Office Use Only: Date: _____

Amt: _____ Check #: _____

Database: _____ Musings: _____

[February 2011– Nat'l Office]