



St. Joseph Church

79 Case Avenue, Sharon, PA 16146

Phone: 724-981-3232 | E-mail: Office@stjosephs-sharon.org | Website: www.StJosephs-sharon.org

NEW MEMBERSHIP - REGISTRATION FORM

Online Registration Instructions: Fill in all fields that are applicable. Once completed, save the completed registration form to your hard drive using "SAVE AS". Return form by emailing the newly completed saved document to: Office@stjosephs-sharon.org If internet access isn't available, please print out the completed form and mail to: St. Joseph, 79 Case Ave., Sharon, PA 16146 or place in the collection basket at Mass or drop in the white mailbox outside the office door or drop it off during open office hours (9:00am-12:00pm).

FAMILY LAST NAME: _____

ENVELOPE NUMBER: _____
(Office Issued)

MAILING ADDRESS: _____
(House Number/Street)

PRIMARY PHONE NUMBER

(City) (State) (Zip)

(Area Code)

— **Head of Household 1** —

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

— **Head of Household 2** — Check box if Head 1 and Head 2 are married.

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

— **Family Member 3** —

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

— Family Member 4 —

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

— Family Member 5 —

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

— Family Member 6 —

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

— Family Member 7 —

Gender:	First Name:	Head of House Position:		
E-Mail:		Cell Phone:		
Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth:	Marital Status:		Religion:	

Remember to SAVE AS and submit to St. Joseph Church by email at office@stjosephs-sharon.org, snail mail, dropping in weekend collection, or placing in mailbox outside the office door.