

Christ Child Society of Atlanta Membership Application



P. O. Box 88646, Atlanta Ga., 30356

Phone: (770) 475-9545

E-mail: office@christchildatlanta.org

Web Site: www.Christchildatlanta.org

Date: _____ New _____ Renewal _____

Name: _____ Sponsor (if any): _____

Address: _____ City: _____ Zip: _____

Phone: (h) _____ (c) _____ (w) _____

E-mail: _____ Parish or Church: _____

Do you have a background check on file with the Archdiocese of Atlanta? Yes/ No

If yes, through what school, parish or group and when was this completed? _____

Do we have your permission to use your name and/or photograph in articles or publications?

Yes/ No

Please take a moment and tell us about yourself:

With regard to children's issues, which areas appeal to you personally or provide the greatest amount of interest/concern?

_____ Books	_____ Fundraising	_____ My Stuff	_____ Spiritual
_____ Childcare	_____ Hospitality	_____ Nutrition	_____ Technology
_____ Finance	_____ Immunization	_____ Sheltering	_____ Tutoring

Do you have a specific area of expertise that could benefit our organization?

Previous volunteer experience, civic/pastoral/educational/etc.

Employer/Occupation: _____

Do you speak a foreign language? If so, please specify: _____

Marital Status: _____ Husband's name: _____

Number of Children: _____ Ages: _____ School(s) Attending: _____

In case of emergency contact: Name: _____ Phone: _____

Should you desire to become a cherished member of Christ Child Society of Atlanta, please attach the Annual Membership Fee of \$55.00 to this application.

“O Jesus, the Friend of little children, bless the little children of the whole world.”

Mary Virginia Merrick, Founder