

**ST. MARY'S FEAST SOCIETY**

15 Phenix Avenue  
Cranston, RI 02920  
(401) 270-9372  
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**MEMBERSHIP APPLICATION**

**\*\*\*Please make sure all sections are completed!\*\*\***

Date of Application \_\_\_/\_\_\_/\_\_\_

- 1. All applicants for regular membership must be Roman Catholic.
- 2. Applicants who are not Roman Catholics may apply for Associate Membership, however, they will not have the rights as regular members, however, they are allowed to patronize the lounge area and take part in any social function.
- 3. All applicants who may have been convicted of a Felony or Capital Crime are not eligible to apply for membership. A background check is taken for all applicants.
- 4. The society's prime objective is to pay homage to Mary, our blessed mother, under the title, Maria Santissima Della Civita, by conducting a yearly feast and festival in her honor during the month of July which began in 1905.

APPLICATION FOR: (Check one)      REGULAR MEMBERSHIP \_\_\_ ASSOCIATE MEMBERSHIP \_\_\_

NAME OF APPLICANT (Please Print) \_\_\_\_\_ Tel \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_      E-Mail Address: \_\_\_\_\_

Are you a Roman Catholic? Yes \_\_\_ No \_\_\_      Name of Parish \_\_\_\_\_

Have you ever been convicted of a Felony? Yes \_\_\_ No \_\_\_      Or a Capital Crime? Yes \_\_\_ No \_\_\_

If accepted, do you pledge to support the society in all of its activities to the best of your capabilities? Yes \_\_\_ No \_\_\_

Name of Sponsor (print) \_\_\_\_\_ Signature \_\_\_\_\_

In addition to the yearly dues of \$50 for the society fiscal year, September 1 ending August 31 of each year, all members are required to make a yearly minimum \$25.00 support commitment by either making a donation of \$25.00 or by attending or supporting any activity that costs at least \$25.00. Failure to do so will result in a dues increase of \$25.00 for a total of dues payment of \$75.00 to remain a member in good standing. Records are maintained of all activities.

Applicants that are accepted during the months of June, July or August of any year will be paid up until the following year, ending August 31<sup>st</sup>.

I HEREBY CERTIFY THAT I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY, UNDERSTANDING THAT ANY FALSE INFORMATION ENTERED ABOVE WILL AUTOMATICALLY RESULT IN MY EXPULSION FROM MEMBERSHIP IN THE SOCIETY AND FORFEITURE OF MY MEMBERSHIP APPLICATION FEES.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

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**SOCIETY USE ONLY**

APPLICATION AND DUES FEES OF \$50.00 ACCEPTED BY: \_\_\_\_\_  
DATE \_\_\_/\_\_\_/\_\_\_

THE ABOVE APPLICANT IS APPROVED \_\_\_ OR DISAPPROVED \_\_\_  
REASON FOR DISAPPROVAL \_\_\_\_\_

BOARD OF TRUSTEES \_\_\_\_\_