



Ephpheta Sodality of  
St. John the Baptist  
ICDA Chapter #7  
Milwaukee, WI



Annual Membership Form  
(Jan 1, 2021 – Dec 31, 2021)

**Due: March 1, 2021**

\* Required

First Name\*: \_\_\_\_\_ Spouse: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*/State\*/Zip\*: \_\_\_\_\_

E-Mail\*: \_\_\_\_\_

VP Phone # \* \_\_\_\_\_ Text # \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Newsletter Format (Check one)       Email       Paper (if you don't have email)

	Member	Spouse
Date of Birth (Year optional)	_____* / ____* / ____ Month / Day / Year	_____* / ____* / ____ Month / Day / Year
Age Group (check one)	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60-75 <input type="checkbox"/> 76+	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 60-75 <input type="checkbox"/> 76+
Share DOB w/ others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage Date	____ / ____ / ____	Where: _____
Are you an ICDA-US Member? (check one or leave blank)	<input type="checkbox"/> Annual <input type="checkbox"/> Lifetime	<input type="checkbox"/> Annual <input type="checkbox"/> Lifetime

Make the check payable to: <b>ICDA #7</b> Send check and this form to:  John Murphy Ephpheta Membership 4973 North 126th Street Butler, WI 530074-1530	Single (\$10.00)	
	Couple (\$15.00)	
	Donation (Thank You!)	
	TOTAL	

**For Office Use Only**

Date Received:      /      /      Check Number: \_\_\_\_\_