

# Visitation and Aid Society of Joliet

## Application for Membership

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Spouse

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

\_\_\_\_\_

Phone: (      ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

V & A Sponsor: \_\_\_\_\_

Signature of Future Member: \_\_\_\_\_

Year of Application: \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Please send application and dues payable to:

Visitation and Aid Society of Joliet  
P.O. Box 2715  
Joliet, Illinois 60434

Annual financial requirements are membership dues of \$50.00 and \$100.00 contribution towards the annual fundraiser obligation.

*Helping those in need since 1889*