



Membership Form for the Archconfraternity of Our Lady of Lourdes

Please fill out this form carefully.

1. Personal Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Email Address: _____

Phone Number: _____

2. Address

Mailing Address: _____

Postal Code: _____

City: _____

Country: _____

3. Religious Information (OPTIONAL)

Date of Baptism (DD/MM/YYYY): _____

Place of Baptism: _____

Name of Attended Parish, prayer group, church movement, association:

4. Contribution:

Under the **suggested offering** system, the fee is 15 euros per year. *This contribution allows us to cover the stipends for Masses celebrated for the intentions of the members of the Family and to meet the needs of pastoral animation. The inability to provide this fee does not constitute an obstacle to membership. Bank Details: IBAN: FR76 3000 3022 5700 0500 2024 458*

5. Declaration and Signature

I declare that the information provided is accurate.

Signature: _____

Date: _____