

**ST. SCHOLASTICA PARISH:
MEMBERSHIP UPDATE FORM**

Please fill in all contact information. Then, provide any information you would like us to update in the parish records. When completed, please return to the parish office.

Contact Information

Name of Person Submitting Form

Address

City, State, Zip Code, Country

Phone

Household Email

[] Please send me information on St. Scholastica's electronic funds transfer program or online giving.

What Information Would You Like to Update in our Records? (If you need to add more info, please use more paper.)