

BJM Membership Application

Irmandade do Bom Jesus Milagroso

PO Box 471

Hayward, CA 94543

510-581-4034

www.bjmhall.com

bjmoffice@gmail.com

Information

Name _____ Date of Birth _____

Spouse _____ Date of Birth _____

Address _____

Phone Number _____ Email _____

Member Signature _____ Date _____

Member Signature _____ Date _____

Becoming a Member

Complete this form and mail it to BJM or hand it to a BJM board member with the following membership dues:

Single	\$15
Couple	\$25

BJM Representative _____ Date _____