

EPISCOPAL PEACE FELLOWSHIP – MAINE
Application for Membership

Name: _____

Address: _____

City or Town: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Parish: _____ Are you a member of the National EPF ? Y or N

Dues \$10 per calendar year and is spent entirely on our program. Please send this Application Form and check payable: “Episcopal Peace Fellowship – Maine”.

Mail to:

Kathleen M. Reed
P. O. Box 157
Winthrop, ME 04364

Tel: 377-2898
shamrock713@roadrunner.com

DUES: Year _____
Cash _____ Check # _____
Date Received: _____

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