

Epiphany Center
Membership Registration

Name: _____

Address: _____

Phone: _____ email _____

Areas of interest/expertise:

Mailings

Phone calls

Newsletter – Editing, Writing, photos

Events

Publicity/Marketing

Computer

Phone

Driving-to meetings or

Other

Thank you for your interest in helping vulnerable women and children by joining the Epiphany Auxiliary. Please return this form to 100 Masonic Ave., San Francisco 94118.