

CSJA Information | Directory

Please Print

Name \_\_\_\_\_

Residence

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Birthday: Month \_\_\_\_\_ and Day \_\_\_\_\_

I would like the information listed above in the CSJ Directory.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, and you would like your photo included in the directory, please send a headshot photo to [kzaffuto@stjoseph-baden.org](mailto:kzaffuto@stjoseph-baden.org).

Thank you!

\_\_\_\_\_  
Signature