



FRIENDS OF THE HOLY LAND

REGISTERING TO BECOME A FRIEND

(Please complete so you can be kept informed of the activities of the FHL)

NAME

ADDRESS

TEL

EMAIL

FAX

PARISH

DEANERY

1. I confirm I wish to become a FRIEND OF THE HOLY LAND.

2. I can serve on a PARISH FHL GROUP COMMITTEE, if needed.

[Experience – optional information]

- | | |
|---|---|
| <input type="checkbox"/> SECRETARIAL WORK | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> ADMINISTRATION | <input type="checkbox"/> USING COMPUTERS |
| <input type="checkbox"/> ACCOUNTS / FINANCE | <input type="checkbox"/> OTHER [] |

SIGNATURE _____ DATE _____

THIS COMPLETED FORM TO BE RETAINED
BY THE PARISH FHL GROUP & COPIED
TO THE NATIONAL FHL OFFICE