



Initial FSPA Affiliation Application

Please include a photograph of yourself with your completed application and send both to affiliation@fspa.org or mail to: Affiliation Office, 912 Market Street, La Crosse, WI 54601.

Name – _____

Address – _____

Date of Birth – _____

Phone (*home & cell*) – _____

Email – _____

Emergency Contact Name – _____

Emergency Contact Phone – _____

Religious Denomination – _____
(*if applicable*)

Parish/Place of Worship – _____
(*if applicable*)

Education – _____

Occupation – _____

Special Interests – _____

Are there any sisters or affiliates you would like to partner with during your formation period? If so, please provide the name(s) below.

Please answer the following questions in the space provided below.

How did you learn about FSPA affiliation?

What has drawn you to our Franciscan community?

What are your hopes/expectations of affiliation?

Signature

Date

(typed or signed)

You may also contact the Affiliation Office at 608-782-5610 with further questions.