

**THE MISSIONARY SOCIETY OF
ST. THOMAS THE APOSTLE**

Missionary Associates of MST for Sangli Mission

Enrolment Form

Name :	
Date Of Birth :	
Address :	
Profession :	
Parish :	
Phone No. :	
Email :	

I/WE wish to be an associate missionary of MST for Sangli Mission. I have understood the obligations of the missionary associate. I promise to fulfil them. Please enrol me for One year / _____ years.

I enclose a contribution of Rs. _____/- (Cash / Cheque) which I know will be used for mission work in Sangli Mission.

Cheque should be drawn in favour of SANGLI MISSION SOCIETY

Please offer a mass for the following intention

(Offering for the mass included in the contribution)