

Our Mission Statement

SSJ Associates and SSJ vowed members share the same charism — that particular gift of God which draws us to work in peace, gentleness, and joy for the reconciliation of neighbor with neighbor and neighbor with God.

Living out this charism within each one's specific vocation, ministry, and lifestyle, SSJ Associates and the Sisters of Saint Joseph support, strengthen, and empower one another in the mission of building the Kingdom.



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SSJ Associates



The Sisters of Saint Joseph of Rochester

Who are we?

Associate members are women and men, including married couples, who are drawn to the spirit and charism of the Sisters of Saint Joseph of Rochester, in mutual bonds of prayer and love of God and neighbor.

In the early history of the Sisters of Saint Joseph, there were individuals who felt a call to the spirituality and mission of the vowed members. As lay persons, continuing to live their own lifestyle, they became spiritual companions and co-workers with the Sisters in their ministries, and were called Associates.

Today, the Sisters of Saint Joseph of Rochester reaffirm this type of relationship and invite interested persons to “walk with them.”



What does this relationship offer?

The Associate relationship offers the mutual support of a faith community. It opens opportunities for personal growth through association with the Sisters and with one another and fosters the sharing of gifts and the continual unfolding of the charism. Further opportunities include participation in community gatherings, days of prayer, and liturgical celebrations.

How does one become an Associate?

- Begin the journey by praying, reflecting, and discovering the call to association with the Sisters.
- Contact a director to learn more.
- Apply to the Congregation for acceptance into membership as an Associate.
- Participate in a period of preparation prior to commitment as an Associate.

I am interested in learning about the Associate Program. [PLEASE PRINT]

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

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MAIL TO:

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