

# APPLICATION FOR MEMBERSHIP



Український Православний Собор Св. Володимира  
St. Vladimir's Ukrainian Orthodox Sobor  
404 Meredith Rd. N.E. Calgary, AB T2E 5A6  
Business Office (403) 264-3437 Fax (403) 264-3438  
Email: [administrator@stvlads.com](mailto:administrator@stvlads.com)  
[www.stvlads.com](http://www.stvlads.com)

Please print where applicable.

## Number of Adult Applicants

1 Adult \$185       2 Adults \$370

Surname and given name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Baptism / Chrismation (date and place): \_\_\_\_\_  
(Please include a copy of Baptismal Certificate)

Occupation: \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Spouse surname and given name(s): \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Baptism / Chrismation (date and place): \_\_\_\_\_  
(Please include a copy of Baptismal Certificate)

Occupation: \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_  
(Please include a copy of Marriage Certificate)

Children:      Name: \_\_\_\_\_ Age: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_

                  Name: \_\_\_\_\_ Age: \_\_\_\_      Name: \_\_\_\_\_ Age: \_\_\_\_

Please indicate if you do not consent to the congregation including your name and contact information in internally published communications.

Have you ever been a member of any congregation in the past? Yes No

If yes, then:

Name of Congregation: \_\_\_\_\_

Location: \_\_\_\_\_ Duration of membership: \_\_\_\_\_

The congregation delivers periodic newsletters and meeting notifications via mail. What is your preference for this correspondence?  Regular Mail  Email

I do hereby make a request to become a member of the St. Vladimir's Ukrainian Orthodox Congregation in Calgary, Alberta and agree to honestly and consciously fulfill all obligations as member of this congregation. I will maintain a current membership and endeavour to fulfill all obligations to the Church faithfully.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If 2 Adult application)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(St. Vladimir's Member)

Witness Name: \_\_\_\_\_

Accepted: Parish Priest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only:	<input type="checkbox"/> Membership Payment Received	Initials: _____
Amount: _____	Cheque Number: _____	Date: _____