

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
www.stvlads.com

Please print where applicable.

Number of Adult Applicants

1 Adult \$175 2 Adults \$350

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: _____