



*Order of Franciscans of the Eucharist  
Ecclesiastical Affiliation Charter*

**Charter Membership Application**

Religious Title: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Province Category:

\_\_\_ North American Continent (Province of Saint Mary Theotokos)

\_\_\_ Asian Continent (Province of Saint Alphonsa)

\_\_\_\_\_ African Continent (Province of Saint Charles Lwanga and His Companions)

Grantee Name for Charter: \_\_\_\_\_

Charter Email Address: \_\_\_\_\_@franciscanseucharist.org

Attachment Required for Board of Directors and Council:

Who we are? (e.g., introduction, goals, mission, vision, charism, etc.)

**Read (initial):**

Benefits of Order of Franciscans of the Eucharist Ecclesiastical Affiliation Charter Membership:

\_\_\_\_\_The grantee will operate independently, maintaining their current system of disciplines and teachings.

\_\_\_\_\_The grantee accepts the authority of the Order of Franciscans of the Eucharist over all matters of Faith and Practices.

\_\_\_\_\_The grantee may not legally or financially obligate the Order of Franciscans of the Eucharist in anyway.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: (MM/DD/YYYY) \_\_\_\_\_

**Email OFE Completed Charter Membership Application To:**

[Info@FranciscansEucharist.org](mailto:Info@FranciscansEucharist.org)

This Space For Board Use Only:

Date Application Received: \_\_\_\_\_

Name of Charter: \_\_\_\_Yes

OFE Email: \_\_\_\_Yes

Attachment Received: \_\_\_\_Yes

Date Board Approved Charter: \_\_\_\_\_