



*Order of Franciscans of the Eucharist Secular*  
*Abbey of Saint Mary Theotokos*

**Membership Application**

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

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

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

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

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

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Membership Category: \_\_\_\_\_ Roman Catholic Laity \_\_\_\_\_ Wife of OFE Priest

**Wife of OFE Priest:**

OFE Husband First Name \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Roman Catholic Laity:**

Name of Roman Catholic Parish: \_\_\_\_\_

Name of Archdiocese or Diocese: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Web: \_\_\_\_\_

**Education:**

Degrees Earned:

1. Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

2. Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

3. Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

**Promise (initial):**

\_\_\_\_\_ I promise to live the Franciscan "Rule of Life" of the Order and to assist the Order to accomplish its mission and goals for Married Roman Catholic Priests.

**Declaration (initial):**

\_\_\_\_\_ I declare that the above information is correct and accurate.

**Authorization (initial):**

\_\_\_\_\_ I authorize the Order of Franciscans of the Eucharist Secular to verify any information listed above.

**Disclaimer (initial):**

\_\_\_\_\_ I understand that the Order of Franciscans of the Eucharist and Order of Franciscans of the Eucharist Secular does not assume any legal responsibility for its members.

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

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

Date: \_\_\_\_\_

**Email OFES Completed Membership Application To:**

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

This Space For Board Use Only:

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

Religious Name: \_\_\_\_ Yes: \_\_\_\_ No: Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

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