



*Order of Franciscans of the Eucharist
Ecclesiastical Affiliation Charter*

Charter Membership Application Form

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)

___ European Continent (Province of Saint Benedict)

Grantee Name for Charter: _____

Charter Email Address: _____@franciscanseucharist.org

Information Required:

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

Read and Initial:

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

_____ (Initial) The grantee will operate independently, maintaining their current system of disciplines and teachings.

_____ (Initial) The grantee accepts the authority of the Order of Franciscans of the Eucharist over all matters of Faith and Practices.

_____ (Initial) 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 And Information Required To:

Abbotmichael88@gmail.com

This Space For Board Use Only:

Date Application Received: _____

Name of Charter: ___ Yes ___ No

OFE Email: ___ Yes ___ No

Attachment Received: ___ Yes ___ No

Date Information Received: _____

Date Board Approved Charter: _____