



# International Conference of Catholic and Autocephalous Bishops (I.C.C.A.B.)

## ICCAB Membership Application

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

First Name: Rouville \_\_\_\_\_ MI: M. \_\_\_ Last Name: Fisher, III \_\_\_\_\_

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

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

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

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

### **Ordination Status:**

**DEACON:** NO  Ordination Date: \_\_\_\_\_ Bishop: \_\_\_\_\_

Ordaining Jurisdiction: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PRIEST:** Ordination Date: \_\_\_\_\_ Bishop: \_\_\_\_\_

Ordaining Jurisdiction: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BISHOP:** Ordination Date: \_\_\_\_\_ Bishop: \_\_\_\_\_

Ordaining Jurisdiction: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION:**

Degrees NO

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

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

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

**Declaration (initial):**

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

**Authorization (initial):**

\_\_\_\_\_ I authorize the Order of Franciscans of the Eucharist (OFE) and International Conference of Catholic and Autocephalous Bishops (ICCA) to verify any information listed above or in a background check, as may be the case.

**Disclaimer (initial):**

\_\_\_\_\_ The Order of Franciscans of the Eucharist (OFE) and the International Conference of Catholic and Autocephalous Bishops (ICCA) does not assume any legal and financial responsibility for its members.

Signature of Applicant: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

**Email the following: First, ICCAB membership application; Second, your resume and/or curriculum vitae; Finally, your ordination / consecration letters or certificates as a deacon, priest, and bishop to: [Info@FranciscansEucharist.org](mailto:Info@FranciscansEucharist.org)**

This Space For Board Use Only:

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

Date Resume or CV Received \_\_\_\_\_

Date Ordination / Consecration Letters or Certificates Received: \_\_\_\_\_

Letters or Certificates: Deacon Yes  No  Priest Yes  No  Bishop Yes  No

Date Application Approved: \_\_\_\_\_