



Order of Franciscans of the Eucharist

Abbey of Saint Mary Theotokos

Sisters 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: ___

Religious Name _____ Date of Profession: _____

Place of Profession _____ Rev. Director: _____

Jurisdiction: _____

Education:

Degrees

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.

Declaration (initial):

_____ I declare that the above information is correct and accurate.

Authorization (initial):

_____ I authorize the Order of Franciscans of the Eucharist 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 and does not assume any legal and financial responsibility for its members.

Signature of Applicant: _____ Date: _____

Email OFE Completed Membership Application To: Abbot.Michael88@gmail.com

This Space For Board Use Only:

Date Application Received: _____

Brother Name: _____

ID Number: _____

Date Approved: _____