



THE ORDER OF THE DAUGHTERS OF THE HOLY CROSS

From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work. Ephesians 4:16

APPLICATION FOR CHAPTER CHARTER

Date of Application: _____ One Parish Multiple Parishes - How Many _____

Directions: Type or Print responses and mail to P.O Box at the bottom of the members page.

Name of Church to receive correspondence: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Chaplain: _____ Diocese: _____

Chapter Name: _____ Number of Members: _____

Chapter Officers

President: _____

*E-mail: _____ Phone: _____

Vice President: _____

Secretary: _____

Treasurer: _____

*Please note: If the President does not have an e-mail address, include an e-mail address that can be used to contact the chapter.

Date Study and Discernment Began: _____

Date Study and Discernment Ended: _____

Date of Institution Service: _____

I certify that the members of this chapter have agreed to abide by the Bylaws of The Order of the Daughters of the Holy Cross.

I hereby certify that this chapter is organized, and this application is made with my full approval and consent.

Chapter President

Clergy Signature

Include the following items when mailing this form: (We recommend that a copy of all forms be kept with the chapter.)

- Form listing all members
- Application for Membership for each new member
- Training Session Attendance Form
- Transition Form(s) for current members of The Order
- Project form
- Church Check or Money Order for Enrollment fees and dues

Incomplete Application packets will be returned for completion.

For Office Use Only:

Chapter No. _____

Date Assigned: _____

Original Chapter Members

Directions: Type or Print responses for all original members. Duplicate this form as many times as needed.

Name: _____			
Address: _____			
City: _____	State/Prov: _____	Country: _____	Zip: _____
Email: _____			Phone: _____
Member's Parish: _____			

Name: _____			
Address: _____			
City: _____	State/Prov: _____	Country: _____	Zip: _____
Email: _____			Phone: _____
Member's Parish: _____			

Name: _____			
Address: _____			
City: _____	State/Prov: _____	Country: _____	Zip: _____
Email: _____			Phone: _____
Member's Parish: _____			

Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Email: _____			
Member's Parish: _____			

Name: _____			
Address: _____			
City: _____	State/Prov: _____	Country: _____	Zip: _____
Email: _____			Phone: _____
Member's Parish: _____			