

APPLICATION FORM FOR MEMBERSHIP
IN THE ANAMCHARA FELLOWSHIP, INC

Please print this form and mail it to the address on the contact information page.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

E-Mail Address _____

Date of Birth _____ Date and Place of Baptism _____

Confirmation Date (if applicable) _____

Denomination _____

Current Parish _____

Priest/Pastor _____ Phone _____

Spiritual Director _____ Phone _____

Ecclesial Authority _____ Phone _____

Marital Status _____ # of Children _____

Occupation _____

Educational History: Last Grade Completed _____ High School _____ College _____

Graduate School _____ Technical School _____ Other _____

Have you ever been convicted of a felony? Y N (If Y, please explain) _____

Have you ever been hospitalized for mental illness? Y N (If Y, please explain) _____

What is your current Rule of Life?

What is your current ministry?