



Українська Православна Церква Святої Софії

Ukrainian Orthodox Church of Saint Sophia

154 King Street North, Waterloo, Ontario N2J 2Y2 • Phone: (519) 342-2359 • www.sophiachurch.ca

APPLICATION FOR MEMBERSHIP

I, the undersigned, do hereby apply for membership in the Parish of the Ukrainian Orthodox Church of St. Sophia in Waterloo, Ontario and I further promise to faithfully and conscientiously fulfill all obligations as a member, and to subscribe to the Teachings, Statutes and Resolutions of the Ukrainian Orthodox Church of Canada, as well as the Statutes and Resolutions of Saint Sophia's Parish.

TYPE OF MEMBERSHIP (*check one*) Individual Membership Family Membership

APPLICANT INFORMATION

Last Name: _____ Given Names: _____

Home Address: _____ Apt.#: _____

City: _____ Province: [] [] Postal Code: [] [] [] [] [] []

Phone: ([] [] []) [] [] [] [] [] [] E-mail: _____

Date of Birth: [D] [D] [M] [M] [Y] [Y] [Y] [Y] Place of Birth: _____

Year of Baptism: [Y] [Y] [Y] [Y] Place of Baptism: _____

Occupation: _____ Bus. Phone: ([] [] []) [] [] [] [] [] []

SPOUSE INFORMATION

Last Name (*if different from above*): _____

Given Names: _____

Date of Birth: [D] [D] [M] [M] [Y] [Y] [Y] [Y] Place of Birth: _____

Year of Baptism: [Y] [Y] [Y] [Y] Place of Baptism: _____

Occupation: _____ Bus. Phone: ([] [] []) [] [] [] [] [] []

MARRIAGE INFORMATION

Date:

D	D	M	M	Y	Y	Y	Y
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 Priest Presiding: _____

Church (parish name and city): _____

CHILDREN (under the age of 18; those over 18 should fill out their own application forms)

Given Names:	Date of Birth:	Place of Baptism:	Date of Baptism:																
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D	D	M	M	Y	Y	Y	Y												

SERVICES, SKILLS AND INTERESTS (please list any services you provide; skills or interests you possess that you feel might benefit the Parish and that you wish to share with fellow members)

APPLICANT'S SIGNATURE (affix your signature in the space provided below)

_____ Date:

D	D	M	M	Y	Y	Y	Y
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LAST NAME (please print): _____

FOR PARISH OFFICE USE ONLY

MEMBERSHIP APPLICATION RECOMMENDED BY: _____

ACCEPTED ON:

D	D	M	M	Y	Y	Y	Y
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 MEMBERSHIP NUMBER: _____

PARISH PRIEST

PARISH COUNCIL

FOR PARISH OFFICE USE ONLY