**Patron: Arch Bishop** Rt. Rev. Dr. Mathew Moolakatt (Bishop of Arch Eparchy of Kottayam) **Spiritual Director:** Fr. Abraham Mutholathu



## **APPLICATION FOR MEMBERSHIP**

NAME OF APPLICANT	:		
	FIRST	LAST	
AGE & DATE OF BIRTH	:		
FAMILY NAME	Age Month	DAY YEAR	
	·		
MAILING ADDRESS	NO. & STREET NAME		APT/UNIT #
	NO. & STREET NAME		API/UNII #
	. Спту	STATE	ZIP CODE
PHONE NUMBER	:		
E MAR ADDRESS	HOME	MOBILE/CELL	
E-MAIL ADDRESS	÷		
PARISH IN INDIA	:		
PARISH IN U.S.A.	:		
VISA STATUS	$\Box$ U.S. CITIZEN $\Box$ U.S.	. Permanent Resident	
RECOMEMENDED BY	· 1		
RECOMEMENDED BY	FIRST	LAST	
	NO. & STREET NAME		APT/UNIT #
	СІТҮ	STATE	ZIP CODE
	PHONE HOME	MOBILE/CELL	
	2		
	FIRST	LAST	
	NO. & STREET NAME		APT/UNIT #
	Спту	STATE	ZIP CODE
	PHONE HOME	Mobile/Cell	

(RECOMMENDING PERSON SHOULD NOT BE THE RELATIVE OF THE APPLICANT)

## IF MARRIED, IS YOUR SPOUSE A KNANAYITE? \* USE ONE FORM FOR ONE PERSON

 $\Box$ Yes .....  $\Box$ No

I do hereby agree to abide by all the rules and regulations of the Knanaya Catholic Society of Chicago as per its Constitution. I do understand that one has to be a practicing Knanaya Catholic to be eligible for membership in the Society. I also declare that I am a practicing Knanaya Catholic with the eligibility for membership in the Diocese of Kottayam. It shall be my responsibility to notify the K.C.S Secretary, of any change in this given information or conditions. My membership in the society shall be terminated at any time when I shall not meet any of the conditions for membership as per its constitution.

SIGNATURE OF APPLICANT\_\_\_\_\_

DATE: \_\_\_\_\_

For Office Use Only						
DECISION BY THE LAISON BOARD NAME OF LAISON BOARD CHAIRMAN SIGNATURE OF LAISON BOARD CHAIRMAN SIGNATURE OF K.C.S. SECRETARY	: : :	ACCEPTED	REJECTED DATE: DATE:			