



THE ORDER OF ST. IGNATIUS OF ANTIOCH

Metropolitan JOSEPH

Your Eminence:

I acknowledge the invitation to membership to The Order of St. Ignatius of Antioch and hereby submit my application.

In doing so, I realize that I am requesting membership in a committed group of Orthodox Christians, blessed with the willingness and the desire to help in a special way to further the work of our Holy Orthodox Christian Church, through our Antiochian Orthodox Christian Archdiocese.

I further acknowledge that this commitment will be a lifetime one and will in no way diminish my support of my local parish.

PLEASE COMPLETE ALL INFORMATION

Name _____

Home Phone _____

Preferred Mailing Address _____

Office Phone _____

City, State/Province, Zip Code _____

Mobile Phone _____

Email _____

Marital Status (Single/Married/Widowed) _____

Spouse _____

Is Spouse a Member? _____

Your Parish: _____

Circle Rank: Knight Dame K/Commander D/Commander Life

Induction Date: _____ or Anticipated Date _____ Inducted by Bishop: _____

Induction Location: _____ Your Birth: _____
Name of Church/PLC/Convention/Other mm/yyyy

Your Signature _____ Parish Priest Signature _____ Sponsor Signature _____

Occupation / Vocation: _____

- \$560 Enclosed for first year dues as Knight/Dame (\$500) and one time induction fee (\$60)
- \$1,060 Enclosed for first year dues as K/D Commander (\$1,000) and one time induction fee (\$60)
- \$15,000 Enclosed for Life Membership (OR 3 consecutive annual contributions of \$5,000)

U.S.A. ONLY - This section only necessary for donation via Electronic Fund Transfer. For EFT donation, include \$60 plus a blank voided check for the account you want debited:

\$60 enclosed for induction fee - _____
Authorization Signature for EFT

Please check amount to deduct each month:

- \$41.67 Knight/Dame
- \$83.34 K/D Commander
- \$416.67 Life (for 36 months)

Debits occur on or about the 5th of each month for all members contributing via EFT.

For Credit Card Donation, Please complete information below – PRINT CLEARLY:

For Office Use Only
Check #: _____
Date: _____
Amt. \$ _____

Name on Credit Card _____

Address Associated with Credit Card _____

Credit Card Number _____ VISA MasterCard Discover

Expiration: _____ mm/yyyy CVC _____ Cardholder Signature _____