



THE ORDER OF ST. IGNATIUS OF ANTIOCH

Metropolitan of the Antiochian Orthodox Christian Archdiocese

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 and mail to:
The Order of St. Ignatius, 140 Church Camp Trail, Bolivar, PA 15923
phone: (724) 238-3677x410; email: theorder@antiochian.org**

Name _____	Home Phone _____
Preferred Mailing Address _____	Cell Phone _____
City, State/Province, Zip Code _____	Office Phone _____
Email _____	Marital Status (Single/Married/Widowed) _____
Spouse _____	Is Spouse a Member of The Order? _____

Your Parish: _____

Check Rank: _____ Junior _____ Knight _____ Dame _____ K/Commander _____ D/Commander _____ Life _____ Metropolitan
Induction Date: _____ or Anticipated Date: _____ Inducted by Bishop: _____

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

Your Signature _____ Parish Priest Signature _____ Sponsor Signature _____

Occupation / Vocation: _____

- Make check payable to "The Order of St. Ignatius" and mail together with your application to the address above**
- _____ \$360 Enclosed for the 1st year dues as Junior Knight/Dame (Ages 18-26 only)(\$300) and one-time induction fee (\$60)
 - _____ \$560 Enclosed for the 1st year dues as Knight/Dame (\$500) and one-time induction fee (\$60)
 - _____ \$1,060 Enclosed for the 1st 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)
 - _____ \$30,000 Enclosed for Metropolitan Membership (OR 3 consecutive annual contributions of \$10,000)

USA ONLY—This Section is only necessary for donations via Electronic Fund Transfer (EFT). For EFT donations, include a check for \$60 plus a voided check for the account you want debited. Debits occur on or about 5th of each month for all members contributing via EFT:

_____ \$60 Enclosed for inductions fee: _____
Authorization Signature for EFT _____

Please check amount to deduct each month: _____ \$25 Junior _____ \$41.67 Knight/Dame

_____ \$83.34 K/D Commander _____ \$416.67 Life (for 36 months) _____ \$833.34 Metropolitan (for 36 months)

For Credit Card Donations, please complete information below— PRINT CLEARLY. Check: _____ Monthly _____ Yearly

Name on Credit card: _____ Billing Address: _____

Credit Card Number: _____ VISA _____ MC _____ DISC _____ AMEX

Expiration (mm/yyyy): _____ CVC: _____ Cardholder Signature: _____

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

If you have any questions, please call: (724) 238-3677x410 or email: theorder@antiochian.org