APPLICATION FOR PROPOSING MEMBERS TO
THE EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM

Date: __________________________

Name: ________________________________________________________________

Name (Spouse): _________________________________________________________

Address: __________________________________________________________________

Street / P. O. Box  City  State  Zip Code

Telephone: Home: ____________________________  Cell: ____________________________  Cell: ____________________________

Approximate Ages: ______  ______  ______  Email (if known): ____________________________

No. of Children: ______________  Approximate Ages of Children: ____________________________

Are Proposed Members practicing Catholics? __________  Parish: ____________________________

In what outstanding way have they been involved in the life of the Parish? ____________________________

________________________________________

Have they been involved in the work of the Church beyond their Parish? Be specific. ____________________________

________________________________________

In your opinion, would they be willing and able to promote the ideas and work of the Order (such as Annual Contributions)? __________________________________________________________________________

Would they be active members or would they consider this a social honor? __________________________________________________________________________

Profession or Business: __________________________________________________________________________

________________________________________

Print Member’s Name  Member’s Signature  Phone:

Member email address: ____________________________________

Note: Please visit with the Proposed Nominees to introduce them to the Order. Information on the process of nominating proposed members is available on our website at eohssouthwest.com.

Please return this completed application to your local Section Representative.