

Equestrian Order of the Holy Sepulchre of Jerusalem Southwestern Lieutenancy of the United States

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: H W	Email (if known): _		
No. of Children:	Approximate Ages of Chil	ldren:	
Are Proposed Members practicing Catho	olics?Parish:		
In what outstanding way have they been involved in the life of the Parish?			
Have they been involved in the work of			
In your opinion, would they be willing a Contributions)? Would they be active members or would	_		
Profession or Business:			
Print Member's Name		Member's Signat	ure
Member email address:		Phone:	

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