

# Order of Saint Sharbel Application Form

**To apply for Membership in the Order of Saint Sharbel, please follow these directions:**

1. Fill out this Application Form (print all information)
2. Circle appropriate Membership category
3. Make check payable to "Order of Saint Sharbel"
4. Mail check and application to: Eparchy of Saint Maron of Brooklyn  
109 Remsen Street  
Brooklyn, NY 11201

## Membership Category (Please circle one)

| <u>Type</u>  | <u>Donation</u>   |  |
|--------------|---|--|
| 1) Perpetual | \$ 5,000 one time   | <b>OR</b> Four payments of \$1,250 within one year |
| 2) Annual    | \$ 500 each year  | <b>OR</b> Four payments of \$125 each year.        |
| 3) Youth     | \$ 250 each year ( <i>only for individuals under 25 years old</i> ) |  |

## Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Member's Business Mailing Address

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## Spouse's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Spouse's Business Mailing Address

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Parish/ Mission

Name, City, State: \_\_\_\_\_