



THE BREAD OF LIFE FELLOWSHIP

Seeking membership in 'The Bread of Life' Fellowship'

APPLICATION FORM

Name: (Please print name) _____

Postal Address: _____

_____ Postcode: _____

Email: _____

Telephone: _____ Mobile: _____

Having met the following requirements:

- 6. That I am in right relationship with the Catholic Church
- 7. That I attend weekly Sunday Mass
- 8. That I frequent the sacraments of Reconciliation and the Eucharist
- 9. That I have viewed the video " The BOLF – Meeting the Challenge"
- 10. That I have satisfactorily completed the Study Course: "Catholic & Christian"

I am now requesting and interview with the BOLF Moderators with the intent of my being accepted as a member of 'The Bread of Life Fellowship.

Signed: _____ Dated: _____

Sponsor's Name*: (Please print) _____

Sponsor's Signature: _____

How we may contact your sponsor: Phone: _____

Mobile: _____

Email: _____

* Your sponsor must be a current member of the BOLF