APPLICATION FOR ENROLLMENT AS A CHAPTER OF THE BROTHERHOOD OF ST ANDREW

620 S. 3rd Street, Suite 203
Louisville, KY 40202
502-450-5640
Web site: www.brothersandrew.net

PARISH ________________________________
ADDRESS ______________________________
CITY ___________________ STATE _____ ZIP ________
PHONE NO (_____)____________________ EMAIL ________________________________

DIOCESE OR ANGLICAN AFFILIATION ________________________________
DATE: ________________________________

PLEASE PRINT CLEARLY

WE THE BELOW LISTED, HEREBY APPLY FOR A CHARTER (OR A CHARTER REACTIVATION IF PREVIOUSLY CHARTERED) AND ENROLLMENT AS MEMBERS OF THE BROTHERHOOD OF ST. ANDREW.

FORWARDED BY: ________________________________

APPROVED: ________________________________

(Acting Chapter Officer) (Rector or Priest in Charge)

INSTRUCTIONS:

1. List names of members. Show Chapter Director, even if only temporary. Advise Central Office whenever change is made.
2. Forward this completed application to the Central Office, together with the suggested pledge amount of $40 for each member and a Chapter Registration fee as shown.

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<th>TITLE</th>
<th>NAME (PRINT OR TYPE)</th>
<th>DOB MM/DD/YY</th>
<th>STREET</th>
<th>CITY AND STATE</th>
<th>ZIP CODE</th>
<th>PHONE NO. AND EMAIL</th>
<th>SPOUSE NAME</th>
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<td>TREASURER</td>
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(List Additional Members on reverse side)

Registration Fee ………… $ 35.00
Total of Pledges ………… $ ……..
Total Amount Forwarded ……. $ ……..
The **Registration Fee** covers the cost of a “Chapter Reference Manual” and other reference materials.

**PLEDGE**

The individual annual suggested pledge is: $40.00  
Life Membership: $600.00  
No one will be denied membership for lack of funds. Write us indicating the circumstances of names submitted for pledge amount reduced below the amount of regular pledge.

**APPOINTMENT OF CHAPTER SPONSOR**

A sponsor for your chapter will be appointed by the Central Office upon receipt of this application in the Central Office. If you have had a Brotherhood member from another parish to assist you in getting organized and you would like to have him considered by the Central Office for appointment as your sponsor, please indicate his name and address below:

Name ___________________________  Address ___________________________

Phone ___________________________

Email ___________________________