



The Order of the Daughters of the Holy Cross

APPLICATION FOR CHAPTER CHARTER

Submit to: Linda DaSilva, Provincial Membership Chair
P.O. Box 2762, Peachtree City, GA 30269

Email: membership@daughtershc.org

Date of Application: _____

Name of Church: _____

Church Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Diocese: _____

Chapter Chaplain: _____ Email: _____

Chapter Name: _____ Number of Members: _____

Include the following items when mailing this form. You may want to keep a copy of all forms for chapter records.

<input type="checkbox"/>	Chapter Charter members	<input type="checkbox"/>	Application for Membership (one per member)
<input type="checkbox"/>	Discernment Class Project Form	<input type="checkbox"/>	Enrollment fees (<i>checks only</i>)
<input type="checkbox"/>	Member Information Update form(s) for current members of The Order, if applicable		

Chapter Officers

President: _____

Phone: _____ ☐ Cell ☐ Home Email*: _____

Vice President**: _____

Secretary**: _____

Treasurer**: _____

* *If the president does not have an email address, please include an alternate email address that may be used to contact the chapter.*

** *Optional*

Study and Discernment Period: _____ to _____ Date of Institution Service: _____
(Start date) (End date)

I certify that the members of this chapter have agreed to abide by the Bylaws of the Order of the Daughters of the Holy Cross.

I certify that this chapter is organized, and this application is made with my full approval and consent.

Chapter President Signature

Clergy Signature

Chapter Charter Members

Member Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country _____

Phone: _____ ☐ Cell ☐ Home Email: _____

Member's Church: _____

Member Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country _____

Phone: _____ ☐ Cell ☐ Home Email: _____

Member's Church: _____

Member Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country _____

Phone: _____ ☐ Cell ☐ Home Email: _____

Member's Church: _____

Member Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country _____

Phone: _____ ☐ Cell ☐ Home Email: _____

Member's Church: _____