

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



620 S. 3<sup>rd</sup> 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:**

- List names of members. Show Chapter Director, even if only temporary. Advise National Office whenever change is made.
- Forward this completed application to the National Office, together with the suggested pledge amount of \$50 for each member and a Chapter Registration fee as shown.

TITLE	NAME (PRINT OR TYPE)	DOB MM/DD/YY	STREET	CITY AND STATE	ZIP CODE	PHONE NO. AND EMAIL	SPOUSE NAME
RECTOR							
DIRECTOR							
VICE DIRECTOR							
SECRETARY							
TREASURER							

(List Additional Members on reverse side)

Registration Fee ... .. \$ 35.00  
 Total of Pledges .....\$ \_\_\_\_\_  
**Total Amount Forwarded ..... \$ \_\_\_\_\_**

**ADDITIONAL MEMBERS**

TITLE	NAME (PRINT OR TYPE)	DOB MM/DD/ YY	STREET	CITY AND STATE	ZIP CODE	PHONE NO. AND EMAIL	SPOUSE NAME

The **Registration Fee** covers the cost of a “Chapter Reference Manual” and other reference materials.

**PLEDGE**

The individual annual suggested pledge is: \$50.00

Life Membership: \$1,000.00

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 National Office upon receipt of this application in the National 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 National Office for appointment as your sponsor, please indicate his name and address below:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_