



EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM
Northeastern Lieutenancy of the United States
PROPOSAL FOR MEMBERSHIP

RETURN AS SOON AS POSSIBLE (Proposals received after April 1st might not be finalized until next year.)

**If proposing a married couple, a separate form is required for each spouse.*

Check here if candidate is under age 45.

Candidate's Full Name: _____ Check if spouse also proposed*

Home Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Profession/Business: _____

Parish Name: _____ Diocese: _____

Parish Address: _____

Name of Pastor (if known): _____

How long have you known the candidate: _____ Relationship: _____

QUALIFICATIONS: State why you feel the candidate is worthy of the honor of membership in the Order.

Check here if you are attaching additional information about the candidate.

PROPOSER CONTACT INFORMATION

Name/Rank: _____

Address: _____

Telephone: Home: _____ Business: _____ Cell: _____

Date: _____ Signature: _____