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ARMENIAN HOLY APOSTOLIC CHURCH CANADIAN DIOCESE
DIOCÈSE CANADIEN DE LA STE ÉGLISE APOST. ARMÉNIENNE
615 STUART, OUTREMONT, QUÉBEC, CANADA H2V 3H2
Tél.: (514) 276-9479 • Fax: (514) 276-9960 • E-mail: adiocese@aol.com • www.armenianchurch.ca

APPLICATION FOR MEMBERSHIP

NAME OF THE CHURCH:

First & Last Name:

Address:
(Street # / Street Name / Suite #) (City & Prov.) (Postal Code)

Tel # : Work: Home:

Cell: E-mail:

Birth Date: Birth Place: Profession:

Marital Status: Name of Spouse:

Birth Date: Birth Place: Profession:

I hereby apply for voting membership in:
(Name of Church) (City)

And I attest that I have been baptized and have been confirmed in the Armenian Church, and that I accept her doctrines and rites, and that I shall abide by the present Bylaws of the Diocese. Furthermore, as of this date I am not a dues-paying member in any other Parish (Bylaws, sec.8).

Date: Signature of Applicant:

Sponsoring Member:

Approved By The Parish Priest

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