



"St Clement of Ohrid" Macedonian Orthodox Cathedral
"Св. Климент Охридски" Македонска Православна Црква Епархиски
Соборен Храм

76 Overlea Blvd, Toronto, Ontario M4H 1C5 Canada
 Tel: (416) 421-7451; fax (416) 421-0721, info@stclementofohrid.com, www.StClementOfOhrid.com

Membership Application

I, the undersigned, hereby apply for Membership in St. Clement of Ohrid Macedonian Orthodox Cathedral, and do willingly pledge to support, honour and abide by the principles, obligations, decisions and By-Laws of the Macedonian Orthodox Cathedral "St. Clement of Ohrid" in Toronto, Canada.

I further pledge to work and contribute for the promotion and development of Macedonian culture, education, and religion, good Canadian citizenship, and full Christian life.

PERSONAL INFORMATION:

Name in Full: _____ D.O.B.: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ - _____ Email: _____

Telephone: _____ Birth Place: City/Village _____ Country: _____

Ancestral Home: _____ Religion practiced: _____

FAMILY INFORMATION:

Wife/Husband Name: _____ D.O.B.: _____

Address (if different from above): _____

Ancestral Home: _____ Religion practiced: _____

Children:

1. Name: _____ D.O.B.: _____ 2. Name: _____ D.O.B.: _____

3. Name: _____ D.O.B.: _____ 4. Name: _____ D.O.B.: _____

By signing this Application Form, you Agree to the following Member Priviledges/Obligations:

Members receive a discount on some Church Services, will receive mail with Bozik and Veligden Schedules and notice for the Annual General Meeting (AGM) held on the last Sunday of every February and Elections held on the first Sunday in March every 2 years. can Nominate New Members. Members can Nominate New Members, are able to attend the AGM but must be active Members for a full calendar year (365 days) before they can Vote or Stand for Election to an Administrative Position. Members must live a moral life and follow Christian Principles and must pay their annual Membership dues regularly.

Dated in Toronto, the _____ day of _____, 20____ Signed: _____

Nominated by: _____

Signature

Signature

Member Name

Member Name

OFFICE USE ONLY

Date Received: _____ Date Accepted: _____

Payment Amount: _____ How paid: _____ Receipt # _____ Received by _____