



485 BAYLY ST. WEST AJAX, ON L1S 4M5  
905-426-5355

## Membership Application

I, the undersigned, hereby apply for Membership in St. Nedela Macedonian Orthodox Church, and do willingly pledge to support, honor and abide by the principles, obligations, decisions and By-Laws of the Macedonian Orthodox Church "St. Nedela" in Ajax, 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 Privileges/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