DAUGHTERS OF MARY IMMACULATE INTERNATIONAL

REGION: USA **DIOCESE: Rockville Centre** **CIRCLE: Long Island, NY**

Parish: _____ City: _____ County: _____

MEMBERSHIP APPLICATION FORM

Membership Status: (Please Check) New _____ Transfer _____

Date of Membership _____

Last Name _____ First Name _____

Date of Birth _____ Email Address _____

Address _____

Phone Number (Home) _____ (Mobile) _____

Contact Person in case of emergency:

Name: _____ Contact No. _____

QUALIFICATIONS FOR MEMBERSHIP (FOR NEW APPLICANTS):

1. Are you a practicing Catholic who lives up to the commandments of God and the precepts of the Church, a baptized Catholic, whose life is not a source of scandal to the faithful?
   Yes No

2. Are you committed to abide by the DMII By-Laws, its rules, regulations and policies and uphold its mission, vision, objectives and actively participate in all its programs, projects and activities?
   Yes No

3. Are you committed to comply with your financial obligations as a member in good standing by paying your yearly dues, as agreed upon by the Circle?
   Yes No

4. Other Church involvements / Religious Organizations _____

Annual Dues _____

Signature _____Date _____