

## APPLICATION FOR BECOMING AN ASSOCIATE MINISTER

| Name  |           |        |
|---|-----------|--------|
| Addres  | S         |        |
| City, Sta   | ate, Zip  |        |
| Phone   |           | (Home) |
| Email   |           | (Cell) |
|   |           |        |
| Birthda   | У         |        |
| Family  | contact   |        |
|   | Address   |        |
|   | Phone     |        |
| Head-sl   | hot photo |        |
| Briefly describe how you became acquainted with the Sisters of the Presentation and Presentation associate ministers: |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
|   |           |        |
| Please share the ministry that you are doing or hope to do as a Presentation associate:                               |           |        |
|   |           |        |