APPLICATION FOR MEMBERSHIP

Український Православний Собор Св. Володимира
St. Vladimir's Ukrainian Orthodox Sobor
404 Meredith Rd. N.E. Calgary, AB T2E 5A6
Business Office (403) 264-3437 Fax (403) 264-3438
Email: administrator@stvlads.com
www.stvlads.com

Please print where applicable.

Number of Adult Applicants
☐ 1 Adult $210 ☐ 2 Adults $420

Surname and given name(s): _____

Home Address: _____

Postal Code _____ Email Address: _____

Date of birth: _____Place of birth: _____

Baptism / Chrismation (date and place): _____
(Please include a copy of Baptismal Certificate)

Occupation: _____ Phone: H:_____ C:_____

Spouse surname and given name(s): _____

Email Address: _____

Date of birth: _____Place of birth: _____

Baptism / Chrismation (date and place): _____
(Please include a copy of Baptismal Certificate)

Occupation: _____ Phone: H: _____ C : _____

Date and place of marriage: _____
(Please include a copy of Marriage Certificate)

Children: Name: _____ Age: ___ Name: _____ Age: ___

Name: _____ Age: ___ Name: _____ Age: ___

Please indicate if you do not consent to the congregation including your name and contact information in internally published communications. ☐

Have you ever been a member of any congregation in the past? ☐Yes ☐No
If yes, then:
Name of Congregation: _____

Location: _____ Duration of membership: _____

The congregation delivers periodic newsletters and meeting notifications via mail. What is your preference for this correspondence? ☐ Regular Mail ☐ Email

☐ I do hereby make a request to become a member of the St. Vladimir's Ukrainian Orthodox Congregation in Calgary, Alberta and agree to honestly and consciously fulfill all obligations as member of this congregation. I will maintain a current membership and endeavour to fulfill all obligations to the Church faithfully.

☐ I do hereby agree with the collection, use and disclosure of my personal information as outlined in: Privacy Policy | St. Vladimir's Ukrainian Orthodox Sobor (stvlads.com)

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____
(If 2 Adult application)

Witness Signature: _____ Date: _____
(St. Vladimir's Member)
Witness Name: _____

Accepted: Parish Priest Signature: _____ Date: _____

President Signature: _____ Date: _____

For Internal Use Only:	☐ Membership Payment Received	Initials: _____
Amount: _____	Cheque Number: _____	Date: _____

Rev.March/2026