



The Order of St. Ignatius
 140 Church Camp Trail, Bolivar, PA 15923
 phone: (724) 238-3677x410; email: theorder@antiochian.org;
 https://theorder.antiochian.org/



Name _____ Home Phone _____
 Preferred Mailing Address _____ Cell Phone _____
 City, State/Province, Zip Code _____ Office Phone _____
 Email _____ Marital Status (Single/Married/Widowed) _____
 Spouse _____ Is Spouse a Member of The Order? _____

Check here if you are interested in Workplace giving options, i.e. Matching gift program

Your Parish: _____

Check Rank: _____ Junior _____ Knight _____ Dame _____ K/Commander _____ D/Commander _____ Life _____ Metropolitan
 Induction Date: _____ or Anticipated Date: _____ Inducted by Bishop: _____

Induction Location: _____ Your Date of Birth _____
Name of Church/PLC/Convention/Other mm/dd/yyyy

Your Signature _____ Parish Priest Signature _____ Sponsor Signature _____

Occupation / Vocation: _____

- Make check payable to "The Order of St. Ignatius" and mail together with your application to the address above**
- _____ \$360 Enclosed for the 1st year dues as Junior Knight/Dame (Ages 18-26 only)(\$300) and one-time induction fee (\$60)
- _____ \$560 Enclosed for the 1st year dues as Knight/Dame (\$500) and one-time induction fee (\$60)
- _____ \$1,060 Enclosed for the 1st year dues as K/D Commander (\$1,000) and one-time induction fee (\$60)
- _____ \$15,000 Enclosed for Life membership (OR 3 consecutive annual contributions of \$5,000)
- _____ \$30,000 Enclosed for Metropolitan Membership (OR 3 consecutive annual contributions of \$10,000)

USA ONLY—This Section is only necessary for donations via Electronic Fund Transfer (EFT). For EFT donations, include a check for \$60 plus a voided check for the account you want debited. Debits occur on or about 5th of each month for all members contributing via EFT:

_____ \$60 Enclosed for inductions fee: _____
 Authorization Signature for EFT _____

Please check amount to deduct each month: _____ \$25 Junior _____ \$41.67 Knight/Dame

_____ \$83.34 K/D Commander _____ \$416.67 Life (for 36 months) _____ \$833.34 Metropolitan (for 36 months)

Credit card or direct debit Pay your Dues Here or complete information above or below.

_____ Monthly _____ Yearly

Name on Credit card: _____ Billing Address: _____

Credit Card Number: _____ VISA _____ MC _____ DISC _____ AMEX

Expiration (mm/yyyy): _____ CVC: _____ Cardholder Signature: _____

If you have any questions, please call: (724) 238-3677x410 or email: theorder@antiochian.org

For Office Use Only
Check #: _____
Date: _____
Amt. \$: _____