

**THE VOLUNTARY APPLICATION TO BE A MEMBER OF THE
ARCHCONFRATERNITY OF THE MOST HOLY ROSARY**

**To: The Chaplain and the Chairman of the Archconfraternity
of the Most Holy Rosary**

Baptized Name, First & Last name _____

Date of Birth: _____ **at** _____

Current Address: _____

Phone _____ **Email:** _____

Parish _____

Name of the religious associations to which you belong _____

Single or Married _____

After understanding all regulations of the Policy of the Archconfraternity of the Most Holy Rosary, I voluntarily enroll in the Archconfraternity, and promise to keep all that the Church has stipulated : to recite 5 decades of the Rosary daily, to always wear a rosary with me, and to propagate the devotion to honor Mary to others.

Sincerely,

Signed at _____ **date** _____ **month** _____ **year** _____

(signature)

**Please clearly print your name and address
Please send to office 2 stamps of USA. Thanks**