



International Conference of Catholic and Autocephalous Bishops (I.C.C.A.B.)

ICCAB Membership Application

Religious Title: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Website: _____

Ordination Status:

DEACON: NO Ordination Date: _____ Bishop: _____

Ordaining Jurisdiction: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Email: _____

PRIEST: Ordination Date: _____ Bishop: _____

Ordaining Jurisdiction: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Email: _____

BISHOP: Ordination Date: _____ Bishop: _____

Ordaining Jurisdiction: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Email: _____

EDUCATION:

Degrees NO

1. Institution: _____ Degree: _____ Date: _____

2. Institution: _____ Degree: _____ Date: _____

3. Institution: _____ Degree: _____ Date: _____

Declaration (initial):

_____ I declare that the above information is correct and accurate.

Authorization (initial):

_____ I authorize the Order of Franciscans of the Eucharist (OFE) and International Conference of Catholic and Autocephalous Bishops (ICCA) to verify any information listed above or in a background check, as may be the case.

Disclaimer (initial):

_____ The Order of Franciscans of the Eucharist (OFE) and the International Conference of Catholic and Autocephalous Bishops (ICCA) does not assume any legal and financial responsibility for its members.

Signature of Applicant: _____ Date (MM/DD/YYYY): _____

Print Name of Applicant: _____

Email the following: First, ICCAB membership application; Second, your resume and/or curriculum vitae; Finally, your ordination / consecration letters or certificates as a deacon, priest, and bishop to: Info@FranciscansEucharist.org

This Space For Board Use Only:

Date Application Received: _____

Date Resume or CV Received _____

Date Ordination / Consecration Letters or Certificates Received: _____

Letters or Certificates: Deacon Yes No Priest Yes No Bishop Yes No

Date Application Approved: _____