



SOCIETY OF CATHOLIC PRIESTS, AUSTRALIA INC.

Full Name: _____

Address: _____

Telephone: () _____ **Mobile:** _____

Work () _____ **Fax:** () _____

Email: _____

Year of ordination: Deacon _____ **Diocese** _____

Priest _____ **Diocese** _____

Bishop _____ **Diocese** _____

Admitting SCP chapter _____

Membership Fee

Full time ministry \$60.00 per annum

Part-time ministry \$30.00 per annum

Please make cheque payable to Society of Catholic Priests

Post to: The Secretary of your local SCP Chapter

or P O Box 300, SURREY HILLS VIC 3127

(for on-forwarding to your local SCP Chapter)

I agree to live by the Rule of Life as adopted by the Society of Catholic Priests, Australia Inc and to abide by its constitution.

Signed: _____ **Date:** _____

(office use only)

Seconder Name: _____ **Signature:** _____

Date: _____ **Membership Approved:** _____