

Apostles of the Resurrection

Lay Associates of The Congregation of the Resurrection Canadian Province



"Go and tell them I am Risen"

Application Form

/PLEASE PRINT/

Name:	
Date and Place of Birth:	
Address:	
E-mail:	Phone:
Occupation:	
Davida	
Optional: Name of Spouse:	Anniversary Date:
Names of Children:	
OF THE RESURRECTION ; BY PIRESURRECTION, AND BY LIVING TO MAKE THIS COMMITMENT F	SURRECTIONIST SPIRITUALITY BY BECOMING AN APOSTLE ROMOTING THE CHARISM OF THE CONGREGATION OF THE G OUT ITS MISSION IN THE WORLD. I BELIEVE I AM READY FOR A PERIOD OF ONE YEAR, BEGINNING FPROMISES FOR THE FIRST TIME.
SIGNATURE:	DATE

Please submit this form along with a reference letter from your parish priest to: **Apostles of the Resurrection, 265 Westmount Road North, Waterloo ON N2L 3G7**, no later than one month prior to the Promises Ceremony (July 22 of each year).

You will receive a confirmation of your acceptance in the mail, along with a booklet about the Apostles of the Resurrection.

Reflection Questions
(feel free to add another piece of paper if you need more space)

What is your understanding of an Associate relationship with a Religious Community?
Are you presently, or have you ever been, an Associate of another Religious Community?
NO YES (which community?)
How do you know the Resurrectionists? Why are you interested in becoming our Associate?
Please specify what attracts you the most about our Spirituality / Charism / Mission? How can you share it with others in your everyday life?