



DATE OF SUBMISSION

INTERNATIONAL DOLOROSA FELLOWSHIP

MEMBERSHIP APPLICATION FORM

Please return this correctly filled form to the Office of the Supreme Commander, by mail or e-mail

Suffix Given Name(s) Surname(s) Date of Birth (dd.mm.yyyy) City of Birth Ethnic Identity Religion Address City Postal Code Province Country Civil Status Divorced YES NO SHIPPING ADDRESS SAME AS HOME ADDRESS YES NO IF NO [X], SHIPPING ADDRESS (Street, City, Postal, Country) Citizenship(s) Highest Education Academic Degree Latest School Occupation Employer Phone 1 E-mail 1 Phone 2 E-mail 2 Fraternal Association(s) Have you ever been convicted of a criminal offense? YES NO IF YES [X], WHICH? Are you currently diagnosed with a disability? YES NO IF YES [X], WHICH? Do you have any military service experience? YES NO IF YES [X], WHICH? Drivers License YES NO Spoken Languages

I HEREBY SWEAR THAT THE INFORMATION PROVIDED IS CORRECT, AND THAT I AM WILLING AND ABLE TO BECOME A FULL MEMBER OF THE DOLOROSA FELLOWSHIP. I SWEAR TO UPHOLD THE INTEGRITY OF MY ORGANIZATION AND ALWAYS BE BENEVOLENT IN MY ENDEAVORS AS A MEMBER

I ACCEPT THE ABOVE TERMS

PERSONAL INFORMATION GATHERED ON THIS FORM IS SUBJECT TO VIEWING BY RELEVANT PARTIES WITHIN THE ORGANIZATION FOR LEGITIMATE PURPOSES AS DICTATED BY THE GENERAL DATA PROTECTION REGULATION, ARTICLE 8(1), OF THE CHARTER OF FUNDAMENTAL RIGHTS OF THE EUROPEAN UNION (Regulation (EU) 2016/679)