



St. Silouan the Athonite Orthodox Mission Parish

Patriarchate of Constantinople

155 Broadview Avenue, Toronto, Ontario M4M2E9

t: 416 466-1357 f: 416 466-3517

e: st.silouan.parish@gmail.com

Annual Membership Application/Renewal Form 2017

A member in good standing of the Parish shall be any Orthodox Christian sixteen (16) years of age or older, who has expressed his/her desire to be a member of the Parish by signing the membership form also signed by the priest in charge, and by participating in the sacraments of Confession and Holy Communion. He/she shall manifest his/her commitment to Christ in the context of this Parish as follows:

- 1) attending the liturgical services, especially the Divine Liturgy, to the best of his/her ability, and not less than eighteen (18) times a year, unless prevented in so doing by serious illness or the frailty of old age.
- 2) participating in the sacraments of the Church to the best of his/her ability, specifically by going to Confession not less than four (4) times a year and to the Holy Eucharist not less than twelve (12) times a year.
- 3) supporting the Parish financially to the best of his/her ability.
- 4) sacrificing his/her time to assist in the ministry and operations of the Parish in a spirit of service and with the blessing of the priest.
- 5) upholding and honouring the ministry of the diocesan hierarch, priest, other clergy, and lay leaders of the Parish.
- 6) embracing a lifestyle which reflects the spiritual and ethical norms of the Gospel as taught by the Orthodox Church.
- 7) maintaining the “unity of the Spirit of the Lord in the bond of peace” (Eph. 4:3) in the Parish community.
- 8) praying regularly for the growth, ministry, and witness of our Parish.

The authority to receive and discontinue membership in the church shall remain in the hands of the priest in charge in consultation with the bishop.

Article IV: Constitution and By-laws
St. Silouan the Athonite Orthodox Mission Parish

Carpatho-Russian Orthodox Diocese



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ANNUAL MEMBERSHIP APPLICATION / RENEWAL FORM 2017

(Please print clearly and fill out the entire form where possible)

Applicant Name _____

Address _____ City _____

Postal code _____

Home phone _____ - _____ - _____ Cell phone _____ - _____ - _____

Email _____

Name Day (d/m) _____ Birthday (d/m/y) _____ / _____ / _____

FOR FAMILIES

Full Name	Name Day (d/m)	Birthday (d/m/y)	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that any photos of myself / family members may be shown in our parish bulletin / website.

Applicant Signature _____ Date (d/m) _____ 2017

Signature of Priest _____ Date (d/m): _____ 2017

I WISH TO MAKE MY STEWARDSHIP PLEDGE AT THIS TIME (fill out next page)

* Please submit all pages to the Parish Council via a) collection box, or b) email to st.silouan.parish@gmail.com, or c) snail mail to 155 Broadview Avenue, Toronto, ON, M4M 2E9, Attn. Rudina.

St. Silouan the Athonite Orthodox Mission Parish

ANNUAL STEWARDSHIP PLEDGE FORM 2017

(Please print clearly and fill out the entire form where applicable)

I (We) pledge (*check applicable boxes*):

to make a contribution to St. Silouan Parish of \$____ / mo. for the 12 months of 2017.

____ **credit card:** *Card type* _____ *Card #* _____ *Exp* DD / MM / YYYY

Signature _____

____ **cash / cheque in the donation box at the church.**

(*Please ensure that it is placed in an envelope with your name and address.*)

____ **automated transactions from my checking account.** *Visit your bank and arrange monthly transfers to:*

St. John the Compassionate Mission, 155 Broadview Ave., Toronto. M4M 2E9 Queen St. E., Toronto:

Acct # 03872 1003 198. Bank of Montreal, 774 Queen St. E. M4M 1H4. Toronto.

Swift code: B0FMCAM2, Institution #001. Branch code: 03872.

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 To be an active member of an Agape team, which involves purchase, preparation and/or serving of food, and/or set-up and/or clean-up for the scheduled Agape meals.
(*You will be contacted by someone from the Agape meal program.*)

to volunteer my time for parish tasks. I will pledge _____ hrs. per month.

Remember that 'many hands make light work.' For this stewardship pledge, the Parish Council will work to arrange specific regular tasks which are practical for our parishioners to perform, and dearly needed for the everyday running of parish life. You will be contacted by the Council (or a task co-ordinator). If you have a special request, a talent that you can offer, or other suggestion, please write them here:

I will fulfill my pledge to the best of my abilities: *I understand that my pledge information will be held in strict confidence and that if unforeseen events make it impossible for me to fulfill my obligation, I can talk to the Parish Council Chair in order to adjust my pledge in accordance with my new circumstances.*

(*Please print clearly.*)

Name _____

Address _____

Phone _____ **Email** _____

Signature _____ **Date** (d/m) ____ / ____ / 2017

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