

THE CONGREGATION OF THE COMPANIONS OF  
THE HOLY SAVIOUR

**APPLICATION FOR ADMISSION AS AN ASSOCIATE**

DATE:

FULL NAME:

MAILING ADDRESS:

DATE AND PLACE OF BIRTH:

DATE AND PLACE WHERE BAPTIZED:

BY WHOM:

DATE AND PLACE WHERE CONFIRMED:

BY WHOM:

IF IN HOLY ORDERS, INDICATE THE ORDER, DATE ORDAINED, AND BY WHOM:

MARITAL STATUS:

ECCLESIASTICAL JURISDICTION, INCLUDING DIOCESE:

It is my desire to become an Associate of the Congregation of the Companions of the Holy Saviour. I fully understand the obligations and requirements of being an Associate.

Signed:

Date:

Please return to:

The Rt. Rev'd Barry Eugene Yingling, CSSS  
Director of Associates  
The Congregation of the Companions of the Holy Saviour  
505 North George Street  
York, Pennsylvania 17404-2702