



## ICCC APPLICATION FOR MEMBERSHIP

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Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_ Phone \_\_\_\_\_ Letter \_\_\_\_\_ Email

Membership type: \_\_\_\_\_ Individual \_\_\_\_\_ Parish \_\_\_\_\_ Jurisdiction

Name of Parish/Jurisdiction: \_\_\_\_\_

Year Established: \_\_\_\_\_

**Clergy:** Please send certified copies of Ordination Certificates and Faculties

Are you and your community interested in participating in the SAFE CHURCH Program?  
\_\_\_\_ Yes \_\_\_\_\_ No

Please click here for application for SAFE CHURCH PROGRAM [SAFE Church](#)

Please tell us about your ministry and/or your desire to be a member of the ICICC.

\_\_\_\_\_

May we list your community on the ICICC Webpage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide us with the web link to your community:

\_\_\_\_\_

Please provide us with a photograph of the applicant.

Would you like to make a contribution to the ICICC? If so please make check payable to **ICICC of the Reformed Catholic Church.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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*RCC Use: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Initials*