

ENROLMENT FORM INTO  
THE COMMUNITY OF FAITHFUL PRAYER

Mrs/Miss/Mr/Dr:

Surname:

First name:

E-mail address:

Country:

**Declaration:** I wish to become a member of the Community of Faithful Prayer, in support of the ministry of:

**Resolution:** I declare that I am of at least 14 years of age, and that I have read through the Charter of the Community of Faithful Prayers and that I approve it. Hence, I commit myself: - every day to pray the Prayers of the Community.

**Conclusion:** I will soon receive my Certificate of membership into the Community of Faithful Prayer.

Denomination:

Date and Signature:

By signing this application form, you consent to the Reformed Old Catholic Church (ROCC) retaining your personal details as filled in here, for the purpose of administering the Community of Faithful Prayer (CFP). As we remember deceased members in our prayers, their names and pertinent dates are also retained. Former members and those who wish to withdraw from the CFP may have their contact details deleted by contacting one of the Chaplains of The Community. The ROCC will not share your data with third parties.

Please email this form to the Chaplains of The Community:

Br. Thomas CFP or Sr. Alamein CFP

[faithful.prayer@protonmail.com](mailto:faithful.prayer@protonmail.com)