



TRINITARIAN  
AUXILIARY  
+

# Holy Trinity Seminary

## TRINITARIAN AUXILIARY

### Membership Application Form

Date of Application: \_\_\_\_\_

#### PERSONAL INFORMATION

Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Church Parish: \_\_\_\_\_

Birthday: (Mo/Day): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

If you are on Facebook, please give us your name as shown \_\_\_\_\_

Are you the parent of a Seminarian: Yes No If yes: Seminarian's Name: \_\_\_\_\_

#### MEMBERSHIP REQUIREMENTS (Please initial and confirm the following items)

\_\_\_\_\_ \$35 annual membership paid, (Circle one: check enclosed or paid online)

\_\_\_\_\_ I have enclosed proof of my current diocesan "Safe Environment Training"

#### Trinitarian Auxiliary Pledge

I, \_\_\_\_\_, agree to abide by rules set forth by the Trinitarian Auxiliary and/or Holy Trinity Seminary, in working with the seminary or seminarians in the performance of my duties for the Auxiliary. I further agree to pray for our seminarians at least once a day, with the hope of spending fifteen minutes per day in support of their discernment process. I also agree to promote the prayerful support of our seminarians in any other Catholic group or organization to which I may belong, reminding them of this joyful duty to support our future priests.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

#### PLEASE SEND A COPY OF CURRENT SAFE ENVIRONMENT TO:

June Cooper, Trinitarian Auxiliary Membership Chair  
3720 Camden Lane  
Addison, TX 75001

Email: [june.cooper@icloud.com](mailto:june.cooper@icloud.com)

Questions: Call June at (214) 995-7784