



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/relative of a Seminarian or Priest: NO YES - If yes, complete the following:

Seminarian's Name: _____ Priest's Name: _____

Relationship to above: _____

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:

Charlene Boss, Membership Chair
10925 Scotsmeadow Drive
Dallas, TX 75218

Email: ccboss528@gmail.com

Questions: Call Charlene at (214) 460-5703