



The International Priory of Knights Hospitaller Templar

Application Form

Name _____ **D.O.B.** ____/____/____ (Day, Month, Year)

Marital status _____ **Profession** _____

Email _____ **Telephone** _____

Address _____

Would any other members of your family like to join? If yes please fill out details below. If they do not live at the same address please have them fill out separate forms.

Name _____ D.O.B. ____/____/____ (Day, Month, Year)

Name _____ D.O.B. ____/____/____ (Day, Month, Year)

Name _____ D.O.B. ____/____/____ (Day, Month, Year)

Have you been recommended by another member? If yes please give details.

Reasons for requesting membership of The International Priory of Knights Hospitaller Templars.

Please give details of any Orders, Fraternities, societies and organisations you have been or are currently a member of.

Current Memberships.

Previous Memberships & reason for leaving.

Charitable work undertaken, if any.

I declare that I am of Noble Heart, I believe in Charity and Chivalry and being of sound mind and body I request that you accept me into the ranks of The International Priory of Knights Hospitaller Templar as a Companion.

Signed _____ Date ____/____/____ (Day, Month, Year)

For security reasons, please send with your application a scan of some photo ID which shows your address. By sending this application form you are agreeing to allow us to carry out a background check on you.

Please return by email to: **apply@knightshospitallertemplar.org**

Please Note: All information provided in this application will remain in the strictest confidence. The address provided shall be used only, if you are accepted, to send your membership certificate to you.

If your application for membership is refused the form will be destroyed.