

Associates of Holy Cross Information Sheet



Here is a list of sample information to have on record for each member. Please make a copy of a members' information sheet to keep with the local Chapter. Send another copy of the filled out sheet by either posting through the post office or e-mailing back to me at <mailto:rjohnson@brothersofholycross.com>. Please send a photo of yourself to be used in the Directory and, if you wish, on the Website. Thank you. (For Dates use Month-Name, Day, Year format.)

	Data Items Marked ● Should be Answered	Information Skip items you wish to keep private.						
●	Last Name	Thompson						
●	First Name	Edward						
	Middle Initial	L.						
	Salutation Name	Ed						
	Address Line 1	123 Richmond Rd.						
	Address Line 2							
	Address Line 3							
	City	Appleton						
	State	Indiana						
	Zip	53210 - 4231						
	Country	USA						
	e-mail address	ethompson@yahoo.com						
	Home Phone	(632) 528-4803						
	Work Phone	(632) 528-1125 ext 345						
	Fax	(632) 486-5588						
	Birth Date	Month Dec	Day 3	Yr 35				
	Associate Position	CIRCLE	Contact Person	Chapter Leader	Member			
	Personal Ministry	Prayer Leader						
●	Group Name	Indiana Chapter						
●	Under Promises	CIRCLE ANSWER Yes or NO						
	Date of last Promise	Month Nov	Day 07	Yr 04				
	Date of Candidacy	Month Oct	Yr 01					
	Years you made promises including this year.	93	94	95	96	97	98	99
		00	01	02 X	03 X	04 X	05	06
	Picture Included	CIRCLE ANSWER	Keep Old Picture	New Picture Included		No Picture Included		
	Today's Date	12/12/04						

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	Data Items Marked ● Should be Answered	Information Skip items you wish to keep private.						
●	Last Name							
●	First Name							
	Middle Initial							
	Salutation Name							
	Address Line 1							
	Address Line 2							
	Address Line 3							
	City							
	State							
	Zip							
	Country							
	e-mail address							
	Home Phone							
	Work Phone							
	Fax							
	Birth Date	Month		Day		Yr		
	Associate Position	CIRCLE	Contact Person	Chapter Leader	Member			
	Personal Ministry							
●	Group Location/ Name							
●	Under Promises	CIRCLE ANSWER Yes or NO						
	Date of last Promise	Month			Day		Yr	
	Date of Candidacy	Month					Yr	
	promises including this year.	93	94	95	96	97	98	99
		00	01	02	03	04	05	06
	Picture Included	CIRCLE ANSWER	Keep Old Picture		New Picture Included		No Picture Included	
	Today's Date							

Please Mail: Brother Richard Johnson, C.S.C.
 Brothers of Holy Cross Provincial Office
 54515 State Road 933 North
 P.O. Box 460
 Notre Dame, IN 46556-0460

or E-mail to:
rjohnson@brothersofholycross.com