## APPLICATION FOR MEMBERSHIP

The Catholic Alumni Club of Detroit

Name	Home Address	
Telephone	E-mail	Date of Birth
Name of Parish where Baptized	Address of Parish where Baptized	
Date of Baptism	Current Parish	
College or University	Address/Location of College or University	
Degree/Department	Year of Graduation	Profession

## To become a member in the CACD, the following is needed by the membership committee:

- 1. Recent verification of baptism and record of any marriages (provided by the church of record at your request).
- 2. Certification of receipt of a four or two year degree from an accredited college or university. If a registered nurse, attach a copy of your license. (A copy of your degree or license will expedite the application process.)
- 3. Be able to show successful professional experience in the work world.
- 4. Copy of Final Decree of Annulment, if divorced. (If you are a divorced Catholic without an annulment, you may become an associate, attend activities, receive member discounts, if you otherwise qualify. Does this apply to you? \_\_\_\_\_)
- 5. Copy of spouse's death certificate, if widowed.

## I hereby apply for membership in the CACD and certify that:

- 1. I am a practicing Catholic.
- 2. I am a graduate of a four or two year accredited college/university or I have professional experience in the work world.
- 3. I am single and free to marry in the Catholic Church.\*
- 4. I have been granted an annulment by the Catholic Church, if divorced.\*
- \* If not free to marry in the Catholic Church, I apply for associate status.

I, the undersigned, shall follow all rules and regulations of the Catholic Alumni Club of Detroit (CACD), as stated in the CACD Constitution and Bylaws. Upon failure to comply with these rules, the CACD reserves the right to terminate my membership at any time. I, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims that I might have, or that might arise against the CACD, its agents or representatives, for any and all injuries or losses sustained by me while participating in events sponsored by the club. I understand my membership or associateship is probationary until my credentials are verified and approved by the CACD Board.

Signature of Applicant	Date

Membership fees are \$ 25.00 per year and are prorated, based on the month your application is approved by the CACD Board

Please send your application to CACD to the following address:

Catholic Alumni Club of Detroit C/O Janice Litch 31149 E. Amurcon Ln., Fraser, MI 48026-4905