



ROSARY PATH ASSOCIATE MEMBERSHIP AND VOLUNTEER APPLICATION

First Name: Initial: Last Name:

Address (Number and Street):

Apt., Unit, P.O. Box #: City:

Prov: Postal Code:

Home Phone #: Cell Phone #:

E-Mail:

Home Parish Name: Location:

Group Affiliation:

☐ I give permission to Queen of the Holy Rosary Path Shrine to contact me by phone or email.

I WISH TO BE INVOLVED IN THE FOLLOWING: Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Active Associate Member and include me on your email list | <input type="checkbox"/> Aid in land surveying and path layout |
| <input type="checkbox"/> Prayer Associate Member only | <input type="checkbox"/> Architectural/engineering work |
| <input type="checkbox"/> Belong to a committee to aid in the operation of the Rosary Path | <input type="checkbox"/> Aid with local parish promotions for the Rosary Path at Marylake |
| <input type="checkbox"/> Help in fundraising: organize or participate in fundraising events/meetings | <input type="checkbox"/> Aid in organizing transportation and bus tours to Marylake |
| <input type="checkbox"/> Financial sponsor/donor | <input type="checkbox"/> Aid in retreat organization and registration/operation |
| <input type="checkbox"/> Aid with advertising/graphic work | <input type="checkbox"/> Any other activity you wish to participate in |
| <input type="checkbox"/> Aid with IT work, blog, video production or PowerPoint presentations | |
| <input type="checkbox"/> Aid in physically building the Rosary Path and fountain (all talents and trades needed) | |
| | |
| | |

**CONDITIONS OF BEING AN ASSOCIATE
MEMBER OR VOLUNTEER**

(please read carefully before signing):

- I, the undersigned, authorize an investigation of the statements herein.
- I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.
- I acknowledge and understand that if I am successful in obtaining a membership or volunteer placement, the membership or placement may be conditional upon receipt of an original police profile.
- All statements will become part of my personal file.
- I authorize the Augustinian Fathers (Ont) Inc, to make such inquiries regarding the above information, as is deemed necessary.

PLEASE SELECT ONE OR BOTH:

☐ I am interested in becoming a full voting member of the Queen of the Holy Rosary Shrine.
(\$10 annual membership fee is required. Please include a cheque and mail in your application.)

☐ I am only interested in volunteering.

.....
Applicant's Signature

.....
Date

FOR OFFICE USE:

.....
Membership Officer's Signature

.....
Date

.....
Associate Membership Card Number

.....
Card Issue Date

CRA Charity Registration Number: 81195 6283 RR0001

SUBMISSION OPTIONS:

E-mail: info@marylake.com

Fax: 905-833-5569

Mail: Shrine of Our Lady of Grace at Marylake

13760 Keele St., PO Box 55

King City, ON L7B 1A7

