



Sovereign Military Order of Christian Knights Templar



Application for Membership

Full Name: _____

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Email:** _____ **Country:** _____

Personal Web Page: _____

Dob: _____ **Place of Birth:** _____

Vocation: _____

Christian History

Date of Salvation/Age: _____ **Name of Church:** _____ **Years Affiliated:** _____

Date of Baptism/Age: _____ **Church Mailing Address:** _____

Christian Denomination: _____ **Name of Pastor/Priest:** _____

Diocese, Parrish or Governing Body: _____

Church Web Page: _____ **Phone:** _____

Attestation of Clergy

I certify that the above applicant is a true Christian, in that he/she has made public confession of Jesus Christ as Lord and Savior, and that he/she makes honest effort to walk out the principles of a Godly life and demonstrates in their public life Godly virtues of faith, charity, compassion and integrity.

Name of Clergy: _____ **Signature of Clergy:** _____

The Sovereign Military Order of Christian Knights Templar (SMOCKT) is a non-denominational Christian ministry. Background investigations are conducted to determine if applicants meet criteria for membership and to make a record of skills or abilities that may be useful in Christian missions conducted by SMOCKT. Disclosure is voluntary, but failure or refusal to complete the application may result in denial of membership. SMOCKT believes that the life of a Christian should be open to public scrutiny, and that openness is integral in displaying the light of Christ to a lost and dying world. SMOCKT reserves the right to grant or terminate membership based on the ideals of SMOCKT, with or without cause, and without notification at any time, based on the needs of SMOCKT. Your signature below indicates acceptance of this criteria and to abide by decisions and mandates of SMOCKT without malice, and that your free application is free of mercenary intent, and that you have no Masonic affiliations, or membership in any subversive organization.

Signature of Candidate: _____ **Date:** _____

Signature of Pledge: _____ **Date:** _____

Approved by Prior: _____ **Date:** _____

Approved by Grand Prior: _____ **Date:** _____