

The Knights Hospitallers of the Sovereign Order of St. John of Jerusalem *Knights of Malta* THE ECUMENICAL ORDER



INFORMATION FORM

Name		Date of Birth		
Address of Residence	e			
City		State		Zip
Address of Business				
City		State		Zip
Home Phone	E-	·mail		
Business Phone		Cell		
Fax	Marital Status		Spouse's Name _	
Please indicate the a	reas of interest in helpin	g the Order,	any suggestions yo	u may have, or
how we can assist yo	u better			
			Data	
Applicant's signature			Date	



Sovereign Order of St. John of Jerusalem * Knights of Malta *



THE ECUMENICAL ORDER

Grand Priory of:
Dear Novice,
To commence your Investiture proceedings the Sovereign Order of St John of Jerusalem International Chancery Office in the United States requires the following items, and the enclosed documents to be completed and signed by you and your sponsor. We asked that this information be completed and given to the Grand Prior/Prior of your area no later than six months (180 Days) prior to your planned Investiture Date.
APPLICATION CHECKLIST
Postulant Name
Investiture Date Investiture Location
I have enclosed: □Application Forms □Signed Vows □Signed Rules & Regulations
☐2 Passport size color photographs signed on the back ☐Curriculum Vitae
Passage Fee in the amount of Present year's Fee Initials
☐ Cape measurements across shoulders base of neck to the floor (in centimeters)
I understand that any "application package" which is not completed correctly, is missing information or accompanying documents will not be processed until such time as everything has been corrected and submitted, and that only the official application package of the Order may be used. I further understand that this may result in the delay of the Postulant being invested into the Order.
Signature of Postulant Date
Signature of Grand Prior/Prior Date
Grand Priors to submit documents three months (90 Days) prior to Investiture to: Grand Chancery, 700 South Dixie Highway, Suite 107, West Palm Beach, FL 33401, USA

• Copies of documents to be filed with the appropriate Grand Prior / Prior



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Grand Priory of:	
<i>J J J</i> .	

APPI	LICATION FORM
Surname (Family)	Maiden Name
Christian (Given) Name(s)	Date of Birth
Country of Birth	CitizenshipReligion
Marital Status	Spouse Name
Address of Residence	
Home	e PhoneFax
MobileEma	ail
Occupation	
Educational Qualifications	
Professional Qualifications	
Belong to other Orders / organizations / services	ce clubs / military / other
If yes, please indicate	
Ī	the applicant, have read the history
of the Order, and am now familiar with it. I al	lso agree to become familiar with and abide by the Statutes if I am not accepted my donation will be refunded, and that
Signature of Applicant	Date
Witnessed by Sponsor	Endorsed by Grand Prior / Prior



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Requirements & Qualifications for Postulants & Applicants for Knighthood By Laws/Rules & Regulations – Article 8 & 5.3 (A-B)

Applicants must be practicing and exemplary Christians, active in their church, and their works of charity. They must be dedicated and ready to help those in need, the sick, the orphaned, the old, and the infirm. They are to serve and support the Order in its many charitable works; such as visiting hospitals or homes for senior citizens. Assist the blood donor clinics, disasters, and attend meetings, and ceremonies, and functions of their Grand Priory or Priory they are assigned to.

Applicants must state their religion, denomination, name and location of the church they attend, including Pastor's name.

Applicants must submit their Curriculum Vitae, names, dates and places of birth of him/her self and spouse, religion of all, 2 recent Passport size photos with name and signature on the reverse.

A letter is required from the Applicant informing the Sponsor or the Grand Prior why he/she believes they should be considered for membership. The Applicant must state his/her commitment to serve and support the Order and is not cosmetic or wishful thinking.

The minimum age for Applicants of Knighthood is (21) years of age, while Applicants who are (17) years old will be accepted as Serving Brothers or Sisters.

Applicants must read the Solemn Vows and its History. They must understand both and be willing to sign a certificate to that effect witnessed by a Pastor or another Knight who is in good standing. Proof of Nobility is to be presented at the time the application is submitted, together with the Coat of Arms, and notarized copies of family documents. Later proofs will not be considered, as it will be too late to change records.

Each Postulant or Serving Brother/Sister is subject to a trial period of 6-12 month's to provide opportunity for proper assessment. In cases of applications not submitted on time, this ruling may be waived at the discretion of the Grand Prior and the Grand Chancellor, with the final approval of the Grand Master.

All decorations -regalia, insignia, and cape- are taken back upon the end of membership and have to be returned to the Order without further ado.

All required documents must be handed to the Grand Prior who will in turn forward them together with his own recommendation to the Head Quarters for the Grand Master's final approval.

Signature:		
Name:	Date	







THE ECUMENICAL ORDER

RULES & REGULATIONS

I,	, have read the Rules and Regulations of
the Order which I fully understand and swear to	
	oved for joining the Order and subsequently changes my Order and I will receive a U.S. tax donation confirmation in
I understand that over the passage of time and be made to the aforementioned Rules and Regu	changing conditions, some revision and amendments may llations.
Upon acceptance into the Order, I am prepared Order, and Directives of the leadership of the O	to faithfully abide by the Rules and Regulations of the Order.
by the Order remain the property of the Knight Jerusalem, Knights of Malta, The Ecumenical C These items include Decorations, Mantle, docu properties and items of the Order upon the writ	lia, and decorations), documents, and books issued to me is Hospitallers of the Sovereign Order of St John of Order. Imments, identification etc. I will immediately return all iten request of the Prince Grand Master, or of the Grand or may result in action being taken against me by the Order.
I understand that the decision of the Prince Gra	and Master regarding my application is final.
I pledge my alliance to the Statutes & By-Laws Papanicolaou and the top Leadership of the Ord	s of the Order, to HSH the Prince Grand Master Nicholas der.
Signature of Applicant	Date
Signature of Witness (Sponsor)	

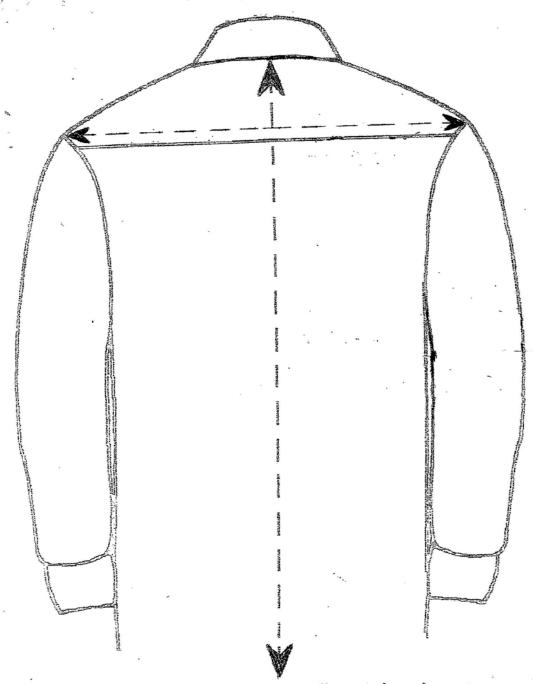


Sovereign Order of St. John of Jerusalem ★ Knights of Malta ★



THE ECUMENICAL ORDER

Grand Priory of:
Vows of a Knight
In nominee Patris, et Filii, et Spiritus Sancti. Amen. Upon the True Faith of a Christian, may God witness that I hereby vow and dedicate myself as a servant of Christ and the Poor, the first qualification of a True Knight. I promise to be faithful and loyal to Christ and to be guided by the ideals of the Sovereign Order of St John of Jerusalem: to do everything in my power to contribute to its Glory, Protection, Prosperity, Support and Utility: to combat everything prejudicial to its well-being: never to act contrary to its Dignity, but to conduct myself always as a true Knight of Christ: a good Christian and a person of Honor. Believing that Christ will grant me a special token of his favor, I therefore, in all Humility, Charity, and Respect agree to join with every sincere and Godly Christian of whatever Church, to bring about by prayer and deed the salvation of the Christian World by helping to promote a lasting Christian Unity. I will adorn my Knighthood with true Charity, the mother and solid foundation of all virtues. I will wear on my person the Christian Maltese Cross of eight points, to constantly remind me of my religious vow of always bearing in my heart the Cross of Jesus Christ, adorned with the virtues that attend it. So help me God. Signature of Chevalier / Dame Date. Sponsor Prior / Grand Prior Chaplain Above Vows to be taken at the altar of applicant's church, or at the Convent of the Order with his/her hand upon the
Bible, or in the presence of a Knight or Chaplain of the Sovereign Order of Saint John of Jerusalem, acting as witness
FOR SECRETARIAT USE ONLY
Date Accepted as Member
Date Accepted as Postulant
Date InvestedPlace.
Grand Prior



measure to the floor while wearing shoes

in cm oz inches. Please Specify