

# Application for Associate Partnership Sisters of the Presentation Dubuque, Iowa

This application includes:     self     self and spouse

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Status (single, married, clergy): \_\_\_\_\_ Birthday: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Occupation/Profession: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_ Birthday: \_\_\_\_\_

Spouse Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation/Profession: \_\_\_\_\_

Names of children (if applicable)

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Attach additional page if needed

Other significant dates we celebrate (e.g. anniversaries) or information about yourself or family.

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Attach additional page if needed

Are you acquainted with members of the Presentation community?  Yes  No

Individual sisters, local community with whom you relate:

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Briefly explain your reason for wishing to become an associate of the Sisters of the Presentation of Dubuque, Iowa:

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**Return this application as soon as possible to:**

**Associate Partnership Co-directors  
2360 Carter Road  
Dubuque, Iowa 52001**



Please check this box to consent to allowing your data to be stored within the guidelines outlined in our [privacy policy](#).\*

I Agree