

B.

Acceptance into the Aspirancy

(To be sent to the Main Office when the candidate is accepted into the Aspirancy)

LOCATION of OCDS Community: _____
City/Town and State where OCDS meeting is held

Religious Title of Community: _____
(Optional)

Candidate Name: _____

Address: _____

City, State, 9 Digit Zip: _____

Tel/ E-mail:(Home/ Cell) _____ (Work) _____ E-mail _____

Approved for acceptance as an aspirant on date: _____

By: _____
Signature of President for Council Date

_____ Enclosed please find \$10.00 for the *Clarion*.

_____ Our previous check # _____ included \$10.00 for *Clarion* subscription.

_____ Applicant will not be receiving the *Clarion*.

NOTE: Failure to provide money/information regarding the *Clarion* in a timely fashion may result in candidate missing issues. We do not stock extra copies and only print the number on our mailing list.

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10/10/10