

**CORPORATION FOR THE RELIEF OF WIDOWS AND CHILDREN OF CLERGYMEN OF THE
PROTESTANT EPISCOPAL CHURCH IN THE STATE OF NEW YORK**

217 EAST 70TH STREET, BOX 1801 – NEW YORK, NY 10021

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I hereby apply for acceptance as a contributor to the Corporation under and in accordance with its Fundamental Laws and enclose a check or money order for Eighteen Dollars (\$18.00) in payment of my first contribution. I am a member of the clergy of The Episcopal Church, in good standing, under age 65, canonically connected with any diocese within the State of New York, employed in the active service of the Church in the State of New York, and receiving annual compensation for such service to the Church that is at least equal to the “Hypothetical Minimum Compensation” as determined by The Church Pension Fund (“CPF”) for purposes of The Church Pension Fund Clergy Pension Plan as in effect at such time (the “CPF Clergy Pension Plan”). I attest the above statement are true with my signature (PLEASE SIGN ON FOLLOWING LINE):

As evidence of my canonical connection, I refer to the last printed annual journal of the convention of said diocese.¹

My Canonical Residence: _____ Today’s Date: _____

Title (i.e. The Reverend) _____

Name: _____

Address: _____

City: _____ State: NY Zip: _____

E-mail: _____

Home Phone Number: _____ Cell Phone Number: _____

I was born on _____

The name of my spouse is _____ (if you have no living spouse, please so specify)

My spouse’s date of birth is: _____ We were married on _____

I have _____ children under the age of twenty-one, whose respective names and dates of birth are:

The annual contributions are due on October 1. They date back to that day if made thereafter, but before the following April 1. If made during the months April-September inclusive they date forward to the next October 1.

¹ If your name does not appear in the journal of convention, please enclose a letter from the ecclesiastical authority of your diocese showing your canonical connection.