



The Servants of Jesus  
THE DIVINE MERCY

# Membership Application

Complete application may be either hand delivered,  
mailed, or emailed.

Phone: 586-777-8591 | Email: Info@SJDivineMercy.org  
Address: 33826 Beaconsfield, Clinton Township, MI 48036

## MEMBER INFORMATION

Rev.    Sr.    Br.    Dr.    Mr.    Mrs.    Ms.    Mr. & Mrs.    Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

Spouse: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Mobile Phone (    ) \_\_\_\_\_

Email Address \_\_\_\_\_ Parish (Name/City) \_\_\_\_\_

Occupation \_\_\_\_\_

Preferred method for receiving information from the Divine Mercy Center    US Mail    Email    Both

## PRAYER OPPORTUNITIES

**Yes, I commit to the following membership prayers!** Daily recitation of the Chaplet of Divine Mercy; Daily contemplation of our Lord's Passion during the 3 o'clock hour; Daily invocation of our Lord and His Most Blessed Mother using the following words: "Jesus, I Trust in You! Sorrowful and Immaculate Heart of Mary, Pray for Us!"

Please indicate your interest in participating in the following prayer opportunities:

EUCHARISTIC ADORATION    ORATORY PRAYER   Available Time(s): \_\_\_\_\_

*Refer to Eucharistic Adoration and/or Oratory Prayer Schedule*

## VOLUNTEER OPPORTUNITIES

Please check all volunteer opportunities that interest you:

<input type="checkbox"/> Office Work	<input type="checkbox"/> Greeting	<input type="checkbox"/> Prayer ministry	<input type="checkbox"/> Quilting Ministry
<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Lectoring/Emceeing	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Indoor Flower & Plant Care	<input type="checkbox"/> Panera Donation Pick-Up	<input type="checkbox"/> Ushering	<input type="checkbox"/> Marketing & Communications
<input type="checkbox"/> Gardening & Landscaping	<input type="checkbox"/> Babysitting	<input type="checkbox"/> Altar Serving/Sacristan	<input type="checkbox"/> Music industry
<input type="checkbox"/> Cleaning & Maintenance	<input type="checkbox"/> Other: _____		<input type="checkbox"/> I'd prefer to speak to someone

## DONATE (optional)

Cash

Check (make payable to **The Servants of Jesus of The Divine Mercy** and submit with complete application)

Visa    MasterCard    American Express    Check Box if Debit Card

Charge my credit/debit card one time for the amount \$ \_\_\_\_\_

Charge my credit/debit card monthly for the amount \$ \_\_\_\_\_

Charge my credit/debit card quarterly for the amount \$ \_\_\_\_\_

Card Number | | | | | | | | | | | | | | | | | | | | | |   Expiration Date (MM/YY) | | | | | | | | | |

Name as it appears on card \_\_\_\_\_ Card Security Code (3 or 4 digits) | | | | | |

Signature (credit/debit only) \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT BY BECOMING A MEMBER OF  
THE SERVANTS OF JESUS OF THE DIVINE MERCY