



Our Mission: *To study, live and spread the Faith in our business, professional and personal lives.*

Membership Application

Legatus is designed for practicing Catholics who are responsible for the operation of a qualifying corporation or division. Please review the criteria on the last page to determine eligibility.

Verification of Eligibility

My Religious Profile:

I am a Catholic in good standing in accordance with the precepts of the Church as outlined on the back page. You may confirm with my pastor that I am enrolled in his parish.

My Business Profile:

I hold the highest position in my business, and the business meets the minimal quantitative requirements outlined on the back page.

Chapter Name: _____ Sponsor Name: _____ Date: _____

Contact Information

Applicant's Name: _____
First Middle Last Nickname if preferred

Spouse's Name: _____
First Middle Last Nickname if preferred

Company Name: _____

Business Title: _____

Bus address: _____

Home address: _____

City: _____

City: _____

State _____ Zip: _____

State _____ Zip: _____

Bus phone: () _____ ext. _____

Home phone: () _____

Bus fax: () _____

Home fax: () _____

Bus e-mail: _____

Home e-mail: _____

Website: www. _____

Cell phone: () _____

Describe business: _____

Business Profile

1. Type of Company: Manufacturing Service Purchased Services Financial Services

2. Is your company a division or subsidiary of another company? Yes No

If yes, parent company name is: _____

3. Number of Employees—year-round, full-time: _____

If answering **Yes** to number 2, the number of employees and annual dollar volume you provide should reflect only your division or subsidiary.

4. Annual Dollar Volume—previous fiscal year: \$ _____ day/month/year

If a financial service corp., total assets for most recent year ending / / were \$ _____

5. Primary SIC Code: _____
Standard Industrial Classification Code

6. Assistant's Name: _____

Phone: () _____ E-mail: _____

Your Personal Profile

1. **Applicant's Birthdate** (day/month/year): / / **Spouse's Birthdate** (day/month/year): / /

2. Marital Status: Single Married—**wedding anniversary** (day/month/year): / /

3. Children day/month/year day/month/year

Name: _____ Birthdate: / / Name: _____ Birthdate: / /

Name: _____ Birthdate: / / Name: _____ Birthdate: / /

Name: _____ Birthdate: / / Name: _____ Birthdate: / /

Additional Names and Birthdates: _____

4. Parish: _____ City: _____

Priest/Pastor: _____ Phone: () _____
optional

5. Seasonal Information (or home address other than listed above).

Time of year spent at this address—from: _____ to: _____

Street Address: _____

City/State/Zip: _____ Country: _____
If other than U.S.

Seasonal Phone: () _____

Fax: () _____

E-mail: _____

Membership Fees

Annual Chapter Dues

Chapter dues cover the entire cost of programs throughout the year for both qualifying and spousal member. Since local dues vary, please consult your local representative or sponsor regarding the specific amount.

In areas where chapters are neither formed nor in process, membership at-large is available. The fee structure is reduced by the elimination of the chapter dues portion.

Annual International Dues

The annual International Dues amount covers the qualifying member as well as the spouse, who becomes a full member upon approval of the qualifying applicant.

One-Time Initiation Fee

A one-time initiation fee is fully redeemable as a credit toward convention or pilgrimage attendance within one year of membership.

Annual Holy See Donation

A tithe (10%) of the total dues is presented each year to the Holy Father during Legatus' fall pilgrimage. Because local chapter dues vary, this 10% varies accordingly.

Prorated Dues \$ _____

Month: _____

Initiation Fees:

International \$ _____

Local chapter \$ _____

Total: \$ _____

Proration: Annual dues for applicants are prorated on a monthly basis from January through September.

In the last quarter of the year (October through December), applicants pay through the next calendar year as well to avoid the inconvenience of an immediate second billing for the new calendar year. Dues vary by chapter.

Submitting Your Application

Your completed application may be submitted to your local chapter President, Membership Chair or Legatus staff representative such as your designated Regional Director. If the local chapter is in development and no officers have been elected, the completed membership application form may also be sent to Legatus International Headquarters, at the address below.



Legatus International
One Ave Maria Drive
P.O. Box 511
Ann Arbor, MI 48106-0511
phone: 734-930-3854
fax: 734-668-2448

website: www.legatus.org

To expedite processing of fees, please provide the following credit card information:

Check one: VISA MasterCard

Name on card _____

Account No. _____

Expiration Date _____ **Zip Code** (from card billing address) _____

Signature _____

Do you have a friend, colleague or business acquaintance that might be interested in joining Legatus? If so, please provide the name and phone number or e-mail so a Legatus representative can make a follow-up call.

Name: _____ phone: () _____

e-mail: _____



Religious Criteria

Legatus members must be Catholics in good standing with the Church. The minimum requirements for an applicant in good standing are outlined below in the precepts of the Catholic Church (refer to **Catechism of the Catholic Church**, paragraphs 2041–2042):

- ◆ To keep the Sundays and Holy Days of Obligation holy.
- ◆ To keep the days of Fast and Abstinence indicated by the Church.
- ◆ To go to Confession at least once a year.
- ◆ To receive Holy Communion at least once a year during the Easter season.
- ◆ To contribute to the support of the Church.
- ◆ To observe Church laws concerning marriage.

Business Criteria

The top ranking individual in a business corporation must meet the three requirements outlined below.

Type of Business:	Manufacturing/ Sales/Service	Financial Services
1) Title*	Chairman, President, CEO, Owner, Managing Director, Managing Partner, Publisher	Same Titles
2) Personnel**	30 employees OR 10 employees and \$1M annual payroll	10 employees
3) Volume/Value**	\$4 Million OR \$10M Net Value	\$100 Million (assets)

* For heads of divisions or subsidiaries: Titles other than those listed may qualify, subject to the review of the International Membership Committee.

** For candidates under the age of 40: The quantitative criteria (personnel, volume/value) can be adjusted to 75% if the corporation has shown a compounded annual growth rate in excess of 15% for the previous three years. Those admitted on this basis should achieve full qualification by age 45 to maintain membership.

Internal Use Only

Regional Office–

Applicant approval date: _____

Signature of RD: _____

Notified _____ *date* _____

Chapter President _____

Membership Chair _____

Treasurer _____

Chapter Director _____

Chapter Coordinator _____

Headquarters–

Received application: _____ Week No. _____

Data entered: _____

Mass date: _____

Rosary date: _____

Welcome packet sent: _____

Total \$ _____ Nat _____ Holy See _____

Chpt _____ Initiation _____