

Royal Order of Chivalry

Guild Membership Application

Guild _____

Name _____ ROC Name _____

Advancement Level (i.e. squire) _____ Date of Birth: _____

Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Work _____ Other _____

FAX _____ E-mail _____

State Chapter _____ Household _____

Master for Apprenticeship _____