

Opportunity for membership in the Corporation is one of the best advantages for clergy canonically resident in the Dioceses of Maryland, Easton, and Washington, DC.

"The purpose of this
Corporation shall be to
provide a fund for the
relief of the surviving
spouses, domestic
partners and dependents of
deceased clergy of the
Episcopal Church in the
State in Maryland and the
District of Columbia."

- From the By-Laws, amended 2011







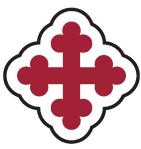
THE CORPORATION for the Relief of the Widows and Children

for the Relief of the Widows and Children of the Clergy of the Episcopal Church in Maryland

The Corporation
4 University Parkway
Baltimore, MD 21218
410-467-1399

www.episcopalcorporation.org admin@episcopalcorporation.org





Membership Application & Beneficiary Information

What is The Corporation?

Clergy canonically resident in the dioceses of Easton, Maryland, and Washington are eligible for membership in The Corporation. For \$50 a year (\$750 over a term of 15 years) clergy may be assured their spouses, partners, and dependent children will be eligible for a \$10,000 death benefit, a \$1,500 yearly annuity, and additional financial assistance (gratuities), calculated to keep survivors at a decent standard of living and able to meet emergency costs.

Benefits are available immediately upon acceptance of the membership application and fee. Members are vested after five years, meaning if they move canonical residence, the member may continue to pay the annual fee for the total of 15 years; also, a member may choose to pay in full after being vested.

To apply: fill out this application and information form, scan it and email it to

admin@episcopalcorporation.org

or mail it to

The Corporation 4 University Parkway Baltimore, MD 21218

You may enclose a check for your initial dues, or you may pay dues online at our website: www.episcopalcorporation.org

Member Information & Application

date of birth se	ocial security#	gender
place of birth (city, state,	country)	
seminary	dates atter	nded
date of ordination	diocese	
current diocese	church	
address (street, city, state	, zip)	
home phone	cell phone	
email address		

Designated Beneficiary Information

mormation		
Name (first, middle, me	aiden, last)	
If married, must be s relationship on back	spouse. If not spouse, describe	
date of birth	social security # (required by IRS)	
Date of marriage	gender	
address (street, city, sta	ute, zip)	
home phone	cell phone	
email address		
Minor children or indic pendent upon you:	viduals at this time economically de-	
Name (first, middle, la.	st)	
date of birth	social security # a beneficiary that is not a spouse or depend-	

ent minor, please describe on the back circumstances which may require

lifelong assistance from The Corporation.)