



OFFICE USE ONLY	
Date:	
Notification:	
Country:	
Conference Name:	

## International Twinning Application

Council / Conference Name:

Aggregation Date:

Council / Conference Contact:

Council / Conference Address

City:

State:

Zip

*(This address will be used for acknowledgments and will be shared with your twin for the purpose of corresponding)*

Email:

*(This email will be forwarded to your twinning partner for correspondence purposes)*

Council / Conference Contact Phone:

<b>Contribution Amount</b>	\$25	\$50	\$75	\$100	Specify Other
<b>Frequency</b>	Monthly	Quarterly	Semi-Annual	Annual	Specify Other

- Please assign us an International Council/Conference in need
- We wish to twin with the following (complete below)

Country:

City:

Council / Conference Name:

Council / Conference Signature

Diocesan Council Signature

Print Name

Print Name

### INSTRUCTIONS TO USA CONFERENCE

1. Forward to local Diocesan Council for signature
2. Forward completed form to the attention of International Twinning via any of the methods listed below:

Mail: National Council of the United States, Society of St. Vincent de Paul  
58 Progress Parkway  
Maryland Heights, MO 63043-3706

Email: [emartinez@svdpusa.org](mailto:emartinez@svdpusa.org)

Fax: (314) 576-6755