

COOPERATORS OF OPUS DEI

Last Name(s)..... First Name..... Middle Name.....

Street Address..... City..... State..... ZIP.....

Date of Birth..... Mobile phone..... Email.....

Occupation..... Proposed by.....

Cooperates by.....

I consent that the Prelature of Opus Dei can use the information on this card as needed for its pastoral and formative activities. I also consent that this information can be shared with any other circumscription of the Prelature for the same purpose. I understand that I can exercise my rights to protect my personal information by writing to 139 East 34th Street, New York, NY 10016 or to dpo@opusdei.org.

Signature

To be completed by the center:

Country USA.....	Appointment Date	Center
------------------------------	---------------------------	-----------------