

Membership Application Form

(1) Family Name: _____

(2) Family Members: Please list the Christian names: (adults first then list the children and their ages)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(3) Home Address: _____

Telephone: _____

E-mail Address: _____

(4) Circle Yes or No if you would like to be included in our Parish directory.

(5) Pastoral Visit Request : Yes or No (Please Circle)

(6) Giving Envelopes Request: Yes or No (Please Circle)

In lieu of Envelopes are you interested in Pre-Authorized Payments?

(a) Direct Debit Yes No (Please Circle)

(b) Visa Credit Card Yes No (Please Circle)