

FLOREAT/WEMBLEY CATHOLIC PARISH MEMBERSHIP FORM

HOUSEHOLDER 1

Title Dr /Mr /Mrs /Miss /Ms / Mas /others:	Occupation
Family/Surname	Marital Status
Given Name(s)	Wedding Date
Preferred Name	Ethnic Background
Maiden Name	Language Spoken at Home
Date of Birth	Parish Involvement
Nationality	
Religious Denomination	Preferred Mass time: 6.00pm 7.30am 9.30am
Baptised <input type="checkbox"/> First Eucharist <input type="checkbox"/>	How long have you lived in the parish?
Confirmed <input type="checkbox"/>	years or since

Preferred Title & Name(s) for Mail

Address	Suburb & Postcode	
Email	Fax	
Phone Home	Phone Work	Mobile

(please inform if silent numbers apply)

Names of adults at address (other than Householder 2):

HOUSEHOLDER 2

Title Dr /Mr /Mrs /Miss /Ms /Mas /others:	Email
Family/Surname	Phone Work
Given Name(s)	Mobile
Preferred Name	Occupation
Maiden Name	Ethnic Background
Date of Birth	
Nationality	Parish Involvement
Religious Denomination	
Baptised <input type="checkbox"/> First Eucharist <input type="checkbox"/>	Preferred Mass time: 6.00pm 7.30am 9.30am
Confirmed <input type="checkbox"/>	

Details of Children Living at Home (regardless of age)

Name of Child or Other	Birth Date	Nationality	Gender	Bapt	Rec	Euch	Conf	Name of School/ Occupation	Parish Involvement
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Planned Giving

Currently Enrolled

I would like to enrol in the Planned Giving Programme and Pledge:
 a Contribution of \$..... Weekly / Fortnightly / Monthly / Quarterly / Twice Yearly / Yearly

I wish to make my contribution by Direct Debit: Yes / No

I wish to make my contribution by Credit Card: Yes / No

Agreement

I agree to the Parish using the information I have provided in this survey for the purpose of advising Group Leaders of my interest in being a Member of the group and for the purpose of allowing the Parish Priests and Parish Employees to understand the needs of the Parish Community. I understand I have the right to access my personal information.

Date:.....

Signed:.....