

SCARBOROUGH PARISH MEMBERSHIP FORM



ADDRESS DETAILS

Title & Name(s) for Mail:					
Address:		Suburb:		Postcode:	
Home number: (Please inform if silent no.)		Mobile:		Work:	
Names of adults at address other than householder 2:					

HOUSEHOLDER 1

Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Occupation:			
Surname:		Marital Status:		Wedding Date:	
Given Name:		Maiden Name:			
Date of Birth:		Country of Birth:		Nationality:	
Language spoken at home:		Religious Denomination:			
Parish Involvement:		How long have you lived in the Parish?			
Baptised:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		If Yes, Church & Location:	
Eucharist:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		If Yes, Church & Location:	
Confirmed:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		If Yes, Church & Location:	

HOUSEHOLDER 2

Title	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Occupation:			
Surname:		Marital Status:		Wedding Date:	
Given Name:		Maiden Name:			
Date of Birth:		Country of Birth:		Nationality:	
Language spoken at home:		Religious Denomination:			
Parish Involvement:		How long have you lived in the Parish?			
Baptised:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		If Yes, Church & Location:	
Eucharist:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		If Yes, Church & Location:	
Confirmed:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date:		If Yes, Church & Location:	

DEPENDANTS (Details of children living at home regardless of age)

Name of Child	Date of Birth	Country of Birth	Gender	BAPT	REC	EUCH	CONF	Name of School	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 <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Twice Yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>
I wish to make my contribution by (Please tick which applies)		Direct Debit <input type="checkbox"/>		Credit Card <input type="checkbox"/>		Planned Giving Envelopes <input type="checkbox"/>	

Additional Information: Is there anyone housebound living in your home? Yes No

If **yes**, would they care to receive any home visits? E.g Sacraments, pastoral care etc.

Name: