



MEMBER REGISTRATION FORM

Please tick appropriate box:

New Membership:

Update Membership Details:

Date: _____

MAIN MEMBER

Surname: _____ Initials: _____

First Name: _____ Title: _____

Date of Birth: _____ ID Number: _____

Residential Address: _____

Cell No.: _____ Home No.: _____ Work No: _____

Personal Email Address: _____

Occupation: _____ Company: _____

SPOUSE DETAILS

Surname: _____ Initials: _____

First Name: _____ Title: _____

Date of Birth: _____ ID Number: _____

Residential Address: _____

Cell No.: _____ Home No.: _____ Work No: _____

Personal Email Address: _____

Occupation: _____ Company: _____

Date of Marriage: _____

Email to: comms.events@stmonnica.org.za

CHILDREN DETAILS

Child's Name:	Date of Birth:	Gender: (M/F)	Baptised? (Y/N)	Confirmed? (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PREVIOUS PARISH DETAILS

Name of your previous parish: _____

Do you have a transfer letter? YES: NO: (if yes, please attach)

Which Ministry would you like to be part of in this parish?

ADDITIONAL INFORMATION

Do you have any special needs?

FOR OFFICE USE ONLY

Date of application
submission: _____

Date captured: _____

	YES/NO
Welcome Letter sent	
Details sent to Ministry to participate in	
Invited to Rector's Welcome Function	
Mailing List updated	
SMS List updated	

Signature: _____

Email to: comms.events@stmonnica.org.za