



ST JOSEPH PIGNATELLI CHURCH MEMBERSHIP FORM

HOUSEHOLDER 1

Title: Dr/Mr/Mrs/Miss/Ms/Mas/Other Occupation.....

Family/Surname Marital Status.....

Given Name(s) Wedding Date.....

Maiden Name Ethnics Background.....

Date of Birth Language Spoken at Home.....

Country of Birth Parish Involvement.....

Religious Denomination.....

Baptised
 First Eucharist How long have you lived in the parish
 Confirmed: years or since.....

Preferred Title & Name(s) for Mail	
Address	Suburb & Postcode.....
Email	Fax.....
Home Phone	Work Phone..... 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/Other Occupation.....

Family/Surname Marital Status.....

Given Name(s) Wedding Date.....

Maiden Name Ethnics Background.....

Date of Birth Language Spoken at Home.....

Country of Birth Parish Involvement.....

Religious Denomination.....

Baptised
 First Eucharist How long have you lived in the parish
 Confirmed: years or since.....

Details of children living at Home (regardless of age)

Name of Child	Birth Date	Country of Birth	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"/>
.....	<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

Additional Information:

Is there anyone housebound living in your home? Yes / No
 If yes, would they care to receive any home visits? e.g. for sacraments, pastoral care etc
 Name:

ATTADALE PARISH



Direct Debit Payment Request

NEW/AMENDED DIRECT DEBIT
Please Circle
(New) or (Amended)



Request and Authority to debit the account named below to pay
The Roman Catholic Archbishop of Perth
CATHOLIC DEVELOPMENT FUND (CDF)

Request and Authority to debit bank account	Surname (or Company Name) _____ Given Names (or ACN/ARBN) _____ Request and authorise <i>CDF – User ID No. 72796</i> to arrange for any amount <i>CDF</i> may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.
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Insert details for Direct Debit e.g. J & M Smith. NO credit cards or Access cards	Bank	_____
	Name(s) on Account	_____
	BSB Number	_ _ _ _ _ _ _ _ _
	Account Number	_ _ _ _ _ _ _ _ _ _ _ _ _ _

Debit Frequency	Date of First Debit	___ / ___ / ___	
	Amount	\$ _____	
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> ½ Yearly		
	Optional Date of Last Debit ___ / ___ / ___ OR Until further notice		

Acknowledgement
By signing this Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *CDF* as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your Signature & Address	Signature: _____ Address: _____ _____ Date: ___ / ___ / ___
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Account Name: <u>ATTADALE PARISH</u>	CDF Account No.: <u>1005580S3</u>
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