



PARISH MEMBERSHIP FORM

CHURCH: (please circle the church you usually attend)

MIAMI PALM BEACH BURLEIGH HEADS MUDGEERABA BURLEIGH WATERS SPRINGBROOK

PLEASE PRINT CLEARLY

FAMILY ADDRESS:

FAMILY PHONE (if applicable):

	Family Member 1	Family Member 2
Mr/Mrs/Miss/Ms		
SURNAME		
GIVEN NAMES		
PREFERRED NAME		
RELIGION		
DATE OF BIRTH		
MOBILE NUMBER		
EMAIL ADDRESS		

	Family Member 3	Family Member 4
Mr/Mrs/Miss/Ms		
SURNAME		
GIVEN NAMES		
PREFERRED NAME		
RELIGION		
DATE OF BIRTH		
MOBILE NUMBER		
EMAIL ADDRESS		

	Family Member 5	Family Member 6
Mr/Mrs/Miss/Ms		
SURNAME		
GIVEN NAMES		
PREFERRED NAME		
RELIGION		
DATE OF BIRTH		
MOBILE NUMBER		
EMAIL ADDRESS		

Wish to be Involved	Ministries & Roles
YOUR FIRST NAME:	Faith Education/Formation
	Rite of Christian Initiation of Adults
	Baptism Preparation for Parents
	Sacrament Preparation of children
	Adult Education

YOUR FIRST NAME:	Liturgy
	Liturgy Committee
	Greeting & Hospitality
	Altar Server
	Reader
	Children's Liturgy of the Word
	Extraordinary Communion Minister
	Music / Choir
	Communion to the Sick
	Sacristan or Liturgy organizer
	Environment (decoration)
	Mass Co-ordinator
	Audiovisual

YOUR FIRST NAME:	Pastoral Life of Parish
	Pastoral Council/Finance Council
	Social Committee (Morning Tea)
	Care & Concern
	St Vincent de Paul
	Youth
	Parish Groups
	Community Activities
	Safeguarding Officer
	Charismatic Prayer Group

YOUR FIRST NAME:	Care of Church/Property
	Cleaning
	Laundering of Church linen
	Maintenance & Gardening

YOUR FIRST NAME:	
	First Aid Officer
	Social Media
	Web
Other (please specify)	

Do you participate in our parish planned giving program? Yes No

If you do not participate Planned Giving Program, would you like to Yes No

If yes, would you like to participate via: envelopes Direct Debit Credit Card