

**ST PETER APOSTLE MISSION PARISH  
CATHOLIC ARCH DIOCESE OF MELBOURNE  
REGISTRATION FORM**

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Christian Names: Mr _____ Mrs _____	Religion: _____	Occupation: _____
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Children at Home:	Religion:	Birth Date:	Occupation/School Name:

WHERE DO YOU USUALLY ATTEND MASS?

**STEWARDSHIP PLEDGE CARD**

Present Envelope Nr. (if known): \_\_\_\_\_

**Personal Details**

Fill in Registration Card to complete Personal Details

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ My age group is: \_\_\_\_\_

**Envelopes**

(Available from the Parish Office)

My Stewardship Pledge will be: \_\_\_\_\_

every: \_\_\_\_\_ (week, month, quarter, half-year, year)

or ... **Direct Debit** from a nominated bank account

(Forms available from the Parish Office)

My Stewardship Pledge will be:

every: \_\_\_\_\_ (fortnight, month, quarter, half-year, year)

or ... **Credit Card**

Card Type: \_\_\_\_\_



Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Please debit my Credit Card with the sum of: \_\_\_\_\_

Credit Card Nr.: \_\_\_\_\_

every: \_\_\_\_\_ (month, quarter, half-year, year)

Name on Card: \_\_\_\_\_

begin on: / /

I UNDERSTAND THAT THIS AUTHORITY MAY BE CANCELLED IN WRITING AT MY OPTION

expiring: / /

Signature: \_\_\_\_\_

Date: \_\_\_\_\_