

# St Dominic's Parish Membership Form

816 Riversdale Road, Camberwell, VIC, 3124

Tel: 9912 6870 Fax: 9011 9761

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## Adults 1:

Name: ..... Age: .....  
Title Christian Name Other name Surname

Telephone (Daytime): ..... Mobile: .....

Vocational skills: ..... Religion: .....

## Adults 2:

Name: ..... Age: .....  
Title Christian Name Other name Surname

Telephone (Daytime): ..... Mobile: .....

Vocational skills: ..... Religion: .....

## General Contact details:

Home Address: .....

Suburb: ..... Postcode: .....

Email Address: .....

## Children:

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

Name: ..... Date of Birth: ..... / ..... / .....

*\*Please see reverse side for active ministries in our parish in which you may be able to participate*

Signed ..... Date: ..... / ..... / .....

## Office Use Only:

- Census by ....*
- Contacted person by ....*
- Contacted ministry by ....*
- Welcome pack by ....*

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*This form may be returned to the Parish office during Office hours (Mon- Thurs 9-12, 1-4 and Fri 9-1) or via our green letterbox at the main entrance. Alternatively, it can be put on the collection plate on Sunday or mailed to: Parish Membership, St Dominic's Parish, 816 Riversdale Road, Camberwell, Vic, 3124 or faxed to 9011 9761. Thank you*

