PAX CHRISTI AUSTRALIA [NSW] INCORPORATED

Application for Membership (confidential when completed)

APPLICANT: I/We, _____
(first name) (last name)

of _____
(residential address)

_____
(postal address)

Telephone (Home) _____ (Work) _____ (Mobile) _____

Email _____

apply to become a member of Pax Christi NSW Incorporated. In the event of my admission as a member, I agree to be bound by the Rules of the Association.

(Signed) _____ (Date) _____

PROPOSER I, _____ being a financial member of Pax Christi
(full name)
Incorporated, nominate the applicant, who is personally known to me, for membership of the association.

(Signed) _____ (Date) _____

SECONDER I, _____ being a financial member of **Pax Christi Australia**
(full name)
(NSW) Inc, second the nomination of the applicant, who is personally known to me, for membership of the association.

(Signed) _____ (Date) _____

ANNUAL MEMBERSHIP -** Membership includes your copy of ***Disarming Times (the quarterly Journal of Pax Christi Australia) Please Indicate if your wish to receive ***Disarming Times*** by email or hardcopy.

PLEASE INDICATE WHICH TYPE OF MEMBERSHIP YOU WISH TO APPLY FOR

- Individual $35.00
- Family/Institution $45.00
- Concession $20.00
- I wish to make a donation of $

OFFICE USE:

Approved / not approved (Date) _____

_____ _____
(signed Chair) (signed Secretary)

Would you like to receive regular emails on justice and peace issues? YES/NO

In accordance with the new privacy laws this information will be used only to communicate with you and send out publications. We do not divulge this information to any other person or organisation.

Postal Address: PO Box A681, Sydney South, NSW 1235 *[All Correspondence]*