

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 you 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 | \$ |

Direct Deposit Details:

Account Name: Pax Christi Australia (NSW) Branch

BSB: 062 784

Account Number: 20865200

IMPORTANT:

Please ensure that you put your Last Name in the Deposit Description

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]