

Membership Application Form for Pax Christi Australia

(Membership is from January to December)

Use this form for all new membership or renewal applications except for residents or institutions in NSW. Please return to P.O. Box 31, Carlton South Vic 3053

NEW MEMBERSHIP RENEWAL OF MEMBERSHIP Date/...../2018

Title First Name Last Name.....

Full Name of Institution

Unit No. / Street Address

Suburb/Town Postcode

Telephone (.....)..... Mobile

Email

Please tick the box if you wish to receive your copy of *Disarming Times* by email

I would like to receive **10 / 20 / 30** hard copies of *Disarming Times* at no extra cost. Please circle the number of extra hard copies requested or call Rita Camilleri below.

ENCLOSED \$ Single \$35 Family \$45 Institution \$45 Low income \$20

I would like to make a DONATION \$

(Rather than sending a cheque, a deposit into a Pax Christi Australia bank account can be made. Please contact Rita Camilleri on (03) 9379 3889 or camrita44@gmail.com for details).

Applicant's signature

Thank you
Pax Christi Australia