



MEMBERSHIP APPLICATION FORM

(applicable only to practicing Roman Catholics)

Personal details :

Name: _____

Date of Birth: _____

I.D. Card no: _____

Contact Details:

Address: _____

Home Telephone No: _____

Mobile Telephone No: _____

Email address: _____

Areas of interest:

Tick as appropriate

Our Lords the sick

The elderly

Children

Other (please specify)

Interested in assisting in the organisation of activities:

Yes

No

Name of Proposer:

(MASMOM member)

Name of Seconder:

(Member of VOTO Council)

Applicant's

Signature: _____

Date: _____