

Lisburn Cathedral Church Registration Form



A. HOUSEHOLD INFORMATION (ADULT MEMBERS)

1st Member: _____ Male Female

Mobile number: _____

Email Address: _____

My age is between: 18 – 30 , 31 – 45 , 46 – 60 , 61 – 75 , 75+

2nd Member: _____ Male Female

Mobile number: _____

Email Address: _____

My age is between: 18 – 30 , 31 – 45 , 46 – 60 , 61 – 75 , 75+

Address: _____

City: _____

Postcode: _____

Home Phone: _____

When did you first start coming to Lisburn Cathedral? Please state the year:

B. CHILDREN / DEPENDANTS - living at home

1st Child Name: _____ Male Female DOB: ____/____/____

School: _____ Class: _____

2nd Child Name: _____ Male Female DOB: ____/____/____

School: _____ Class: _____

3rd Child Name: _____ Male Female DOB: ____/____/____

School: _____ Class: _____

4th Child Name: _____ Male Female DOB: ____/____/____

School: _____ Class: _____

ANY OVER 18 CHILDREN – living at home

1st Name: _____ Male Female DOB: ____/____/____

2nd Name: _____ Male Female DOB: ____/____/____

3rd Name: _____ Male Female DOB: ____/____/____

4th Name: _____ Male Female DOB: ____/____/____

C. I / WE WOULD LIKE INFORMATION ON THE FOLLOWING:

KIDS PROGRAMMES YOUTH PROGRAMMES HOME GROUPS (Adults)
CHOIR / MUSIC GROUP WOMEN'S GROUPS MEN'S GROUPS
SENIOR CITIZENS PROGRAMMES

I / WE WOULD LIKE TO START/CONTINUE TO RECEIVE THE PARISH MAGAZINE TO MY/ OUR HOME

D. GIVING AT LISBURN CATHEDRAL

Do you currently give financially to the work of Lisburn Cathedral by one of these methods:
Standing Order (SO) or **Free Will Offering (FWO) envelopes**
(PLEASE TICK AS APPROPRIATE).

If not, would you like to receive information on how to give by:
Standing Order (SO) or **Free Will Offering (FWO) envelopes**
(PLEASE TICK AS APPROPRIATE).

We would encourage those who currently give to Gift Aid their giving – at no extra cost.
(PLEASE TICK AS APPROPRIATE).

I currently gift aid

I do not wish to* / I am not eligible* to Gift Aid
(*delete as appropriate)

I would like to receive information on Gift Aid

PLEASE NOTE THAT TO BE A FULL VOTING MEMBER OF THE PARISH YOU MUST GIVE IN A RECORDABLE WAY.

E. Signature: _____

Parent/Legal Guardian

Date _____

Please return your completed form in the collection plate, or to a member of staff.

THANK-YOU FOR TAKING TIME TO COMPLETE / RETURN THIS FORM.

The purpose of gathering this information is to update our records, and help us improve our administrative and pastoral effectiveness. Your information will be kept in strictest confidence and will not be shared with any 3rd party without your express permission.

If you have any questions please call the church office on 02892 602400.