



## Mater-Dei Parish Pastoral Council Membership 2016

**Christian Name:** \_\_\_\_\_

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone number:** \_\_\_\_\_

**Mobile Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**How long have you been a member of Mater-Dei**

**Parish?** \_\_\_\_\_

**Self nomination:** (circle) Yes or No

or

**Nominated by:** \_\_\_\_\_

**Optional** you may like to say why you are interested in joining the Mater-Dei Parish Pastoral Council.

**I would like to join the Parish Council because**

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**Signed:** \_\_\_\_\_

Please return this form to Fr. Isidore or the Parish Office by 18<sup>th</sup> Feb 2016