



New Parishioner Registration Form

Registering as:

Date: _____

- Individual (Individual over 18 years old)
- Family (Adult/s with children living at home under 18 years old)

Address: _____

City: _____

Province: _____

Postal Code: _____

Tithing: Envelope OR Pre-Authorized Debit (PAD)

BC Catholic Subscription: Yes No

Preferred Mass Time: _____

PRIMARY CONTACT *(Adult to be main point of contact)*

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (M/D/Y): _____ Sex: F M Phone: _____

Email: _____

Would you like to receive the weekly bulletin via email: YES NO

Religion: _____ Sacraments: Baptism Communion Confirmation

Join Volunteer List: Yes No If Yes, what would you like to volunteer for: _____

Marital Status: Single Married Separated Divorced Common-Law Widow/Widower

If Married: Catholic Ceremony Date: _____ Civil Date: _____



33333 Mayfair Avenue, Abbotsford, B.C. V2S 1P4

Office: (604) 852-5602

Fax: (604) 852-3007

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Date: _____

PAYEE INFORMATION

Roman Catholic Archbishop of Vancouver - St. Ann's Parish
33333 Mayfair Avenue Abbotsford, B.C., V2S 1P4

Please debit bank account on the **20th** day of every month starting (date) _____ in the amount of \$ _____.

This authority to remain in effect until St. Ann's Parish has received written termination parishoffice@stannsabbotsford.ca

Name: _____

Address: _____ City, Prov: _____ P.Code: _____

Signature _____

Provide a VOID cheque or the following information to the Parish office.

1. Transit number (5 digits)	2. Institution number (3 digits)	3. Account number (7 digits)



E-TRANSFER DONATIONS can be made to parishoffice@stannsabbotsford.ca