

**MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE  
(\_\_\_\_) \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-MAIL \_\_\_\_\_

\_\_\_\_\_ Annual membership donation enclosed (\$25)

\_\_\_\_\_ Annual family membership donation enclosed (\$40)

\_\_\_\_\_ I am requesting a waiver of the above

\_\_\_\_\_ I can contribute only this amount \$ \_\_\_\_\_

\_\_\_\_\_ I would like to join an existing Pax Christi group

\_\_\_\_\_ I am interested in starting a Pax Christi group in my area  
Please contact me to discuss this.

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Please mail this form and your check to: Mary Ellen Quinn  
91 Baker Rd.  
Winterport, ME 04496

Date received by PCM \_\_\_\_\_