

PAX CHRISTI USA – GROUP REGISTRATION

Name of group: _____

Description of group (circle one)

Parish-affiliated City-wide College High School Religious Community Other

If you chose “Other,” how would you describe your group? _____

What diocese are you located in? _____

Contact Person

Contact’s name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: _____

Membership Information

Number of members: _____ Number of members belonging to Pax Christi USA: _____

Please provide a list of your members on a separate sheet. Please include names, addresses and email information and identify members who 1) would like to join Pax Christi USA and want to receive membership information and resources; and 2) would like to be added to the Pax Christi USA Prayer-Study-Action email network and receive electronic resources like seasonal reflections, special alerts, e-bulletins, etc.

Additional information

Please share any additional information you think would be helpful for us to know, including issues you are concentrating on, special skills you or members of your group have which you can offer in service to the larger movement, etc.

Please return this form to Pax Christi USA, info@paxchristiusa.org, or 415 Michigan Ave NE, Suite 240, Washington, D.C. 20017.