Regnum Christi Member Registry

Member Registration Form for Minors

*Please enter member information below by tabbing in-between fields*

*Scan and email completed form to customerservice@rcfed.org*

Member First Name: Member Last Name: 

Country: Select Address: 

City:  State/Province: 

Postal Code:  Email Address: 

Mobil Phone:  Date of Birth: 9/12/2022 Gender: Select

I’ve been a member since: 

Member Parent’s Full Name: 

Parent’s Email:  Parent’s Phone: 

Member Parent’s Full Name: 

Parent’s Email:  Parent’s Phone: 

**I agree and give permission for my above named child to be registered as an Regnum Christi member in the RC Member Registry Database.** [**Privacy Policy**](https://rccrm.org/docs/privacy-statement/)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature & Date Parent Signature & Dates