

NCCW AFFILIATE MEMBERSHIP Registration/ Renewal

Member Organization Name _____

Total number of members: _____

Diocese: _____

AMOUNT DUE (please circle one):

High School/ College: 50.00

Parish: \$100.00

Deanery: \$100.00

Subdivision: \$100.00

National Group: \$200.00

Diocese: \$275.00

President (High School/ College Advisor)

Name _____

Address _____

City/State/ Zip _____

Phone Number _____

Email Address (where the *Connect* will be sent) _____

IMPORTANT: *The individual listed on this form will receive ALL NCCW correspondence (e-Connect newsletter, Catholic Woman magazine, election information, and all other notifications).*

Please send payment and completed form to:

National Council of Catholic Women
10335-A Democracy Lane, Unit 201
Fairfax, VA 22030

How will you be paying (circle one)? Check (Number) _____ or Credit Card: Visa / MasterCard / Discover

Credit Card Number _____ Exp Date _____ Code _____

Billing Address (if different from above) _____

City/State/ Zip _____

Cardholder's Signature: _____