

## 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  
200 North Glebe Road, Suite 725  
Arlington, VA 22203

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: \_\_\_\_\_