



2018 NCCW AFFILIATE MEMBERSHIP

Member Organization _____

AMOUNT DUE:

Parish, Deanery or Subdivision: \$100.00

Diocese: \$275.00

Current President to receive NCCW mailings:

PRESIDENT

ADDRESS

CITY, STATE ZIP

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 to: National Council of Catholic Women
200 North Glebe Road, Suite 725
Arlington, VA 22203

President's Name _____

Parish Name _____

Address _____

City/State/ Zip _____

Phone Number _____

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

How will you be paying? Check Number _____ **Credit Card Type:** Visa / MasterCard / Discover

Credit Card Number _____ **Exp Date** _____ **Code** _____

Billing Address (if different from above) _____

City/State/ Zip _____

Cardholder's Signature: _____

PLEASE RETURN THIS NOTICE WITH YOUR PAYMENT.