

The National Council of Catholic Women acts through its members to support, empower, and educate all Catholic Women in spirituality, leadership, and service. NCCW programs respond with Gospel values to the needs of the Church and society in the modern world. Founded by the United States Bishops in 1920.



◆ **Affiliate Group Membership** ensures that your group will receive our quarterly magazine, *Catholic Woman*, that reports on the issues and activities that are being addressed by your National Council of Catholic Women in today's world — locally, nationally and globally. You will also receive a monthly newsletter and communiques via email to keep you and your group informed.

**Group Requirements:**

- Ten or more high school age students
- A permanent faculty or staff advisor
- Annual Fee: \$50.00

# High School

- ◆ **All Memberships are Represented:** The NCCW Board of Directors, Staff, and other volunteers work closely with the United States Conference of Catholic Bishops, the United Nations and World Union of Catholic Women's Organisations (WUCWO): representing the interests of Catholic women in service to the Church. Your membership ensures the united voices of Catholic women will be heard.
- ◆ **Leadership, Service, Spirituality:** NCCW members incorporate gospel values in their activities with a commitment to the dignity of all human life, to strengthen families, build better communities, and address societal problems at home and abroad. NCCW provides leadership, education, and advocacy on many contemporary issues, including social and economic justice, domestic violence, homelessness and human trafficking. NCCW offers their members resources for personal spiritual growth and development.

**Member Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School / Parish: \_\_\_\_\_

High School/ Parish Address: \_\_\_\_\_

\_\_\_\_\_

Advisor Name (Affiliate Registration Only): \_\_\_\_\_

\_\_\_\_\_

Advisor Email: \_\_\_\_\_

Advisor Phone Number: \_\_\_\_\_

**Payment Information:**

\_\_\_\_\_ **Affiliate Group \$50.00**

\_\_\_\_\_ Check made payable to NCCW

\_\_\_\_\_ Credit Card: MasterCard Visa Discover Am Ex

Name on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_

Signature