NCCW Membership Form

Be the Voice of Catholic Women

When you join the National Council of Catholic Women, you are part of a national organization that speaks for your Catholic values and supports, empowers and educates all Catholic women in spirituality, leadership and service.

NCCW Individual members also:

* Are represented at the biannual meetings of the United States Conference of Catholic Bishops
* Have access to NCCW Spirituality, Leadership and Service Commissions’ programs and resources
* Are invited to serve on NCCW Commission teams and Committees
* Share friendships with other Catholic women from all over the country
* Are represented at the United Nations, The World Union of Catholic Women Organisations (WUCWO), Catholic Social Ministry Gathering, Religious Alliance Against Pornography
* Share in Partnerships and Collaborations with Catholic Relief Services, Cross Catholic Outreach, Center for Missing and Exploited Children, Catholic Climate Covenant
* Can participate in Monthly Advocacy and Leadership Calls
* Access to NCCW website members’ only site

Please select your membership category:

☐ Supporting Member ($100) – Benefits Include:
  * Annual subscription to the quarterly Catholic Woman magazine
  * Eligibility to vote in NCCW elections and at the Annual Business meeting

Exclusive Benefits for Supporting Members Only:

  * Supporting Member pin that demonstrates your commitment to NCCW
  * Special Supporting Member ribbon at Annual Convention

☐ Individual Member ($50) – Benefits Include:

  * Annual subscription to the quarterly Catholic Woman magazine
  * Eligibility to vote in NCCW elections and at the Annual Business meeting

I wish to pay for my membership by:

☐ Credit Card ☐ Check (enclosed) made payable to NCCW check #___________

Credit Card Information:

☐ MasterCard ☐ Visa ☐ Discover

Name as it appears on card _______________________________

Credit Card Number ___________________________ Expiration Date _______ Security Code _________

Member Information: Enroll_____ Renew_____ Member # (found on back of magazine)_______

Name ___________________________ Birthday: ______________________

Address ________________________________

City/State/Zip ________________________________

Phone ___________________________ Email ________________________________

Parish and Diocese Information:

Parish Name _______________ Parish City/State ________________________________

My Diocese ___________________________ My Province ___________________________

Please return this application with your check or credit card information to the following address:

Membership Department, National Council of Catholic Women 10335-A Democracy Lane, Unit 201
Fairfax VA 22030, Phone: 703.224.0990, Fax: 703.224.0991 nccw01@nccw.org