Shape, circle

Description automatically generated

**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

IMPORTANT: *The individual listed on this form will receive* ALL *NCCW correspondence (e- 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

Referral Information (for new affiliates or affiliates who have lapsed 1+ year):

Referred by