



## 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  
3211 4<sup>th</sup> St NE, Unit 338  
Washington, DC 20017

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 \_\_\_\_\_