



## 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 \_\_\_\_\_

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

Referred by \_\_\_\_\_

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 3211 4<sup>th</sup> St NE Lane, Unit 338

Washington, DC 20017, Phone: 703.224.0990, Fax: 703.224.0991 nccw01@nccw.org