

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 Louisville / Theola Copeland PD