



2017 NCCW DUES

Your Organization _____ **AMOUNT DUE: \$100.00**

Is your organization a Parish ____ or Deanery/Vicariate ____ (check one)

CURRENT PRESIDENT:

PRESIDENT'S NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

EMAIL: _____

PHONE NUMBER: _____

Please have your Treasurer
send payment to: National Council of Catholic Women
200 North Glebe Road, Suite 725
Arlington, VA 22203

How will you be paying? Check Number _____ Credit Card Type: Visa / MasterCard / Discover

Credit Card Number _____ Exp Date _____ Code _____

Billing Address (if different from above) _____

City/State/ Zip _____

Cardholder's Signature: _____