

ASSOCIATE CATHOLIC MEMBERSHIP REGISTRATION

Membership Dues for Fiscal Year from July 1 to June 30.

The Associate Catholic Membership is open to Catholic organizations, institutions or individuals seeking to directly collaborate with and participate in the work and mission of NCADDHM and are in communion with Catholic teachings and practices.

Individual	Dat	te:
Name:		Title:
Street Address:		
City State Zip Code:		
Phone:	Email:	
Organization Name: Street Address:		
City State Zip Code:		
Name:		Title:
Phone:	Email:	
Name:		Title:
Phone:	Email:	

Please mail membership form & dues of \$300 to: Ignacio Rodriguez, Office of Ethnic Ministries

400 E. Monroe St. | Phoenix | AZ 85004
Check Payable to NCADDHM