

AFFILIATE ECUMENICAL MEMBERSHIP REGISTRATION

Membership Dues for Fiscal Year from July 1 to June 30. Affiliate Ecumenical Membership is open to organizations, institutions or individuals seeking to directly collaborate with and participate in the work and mission of NCADDHM.

Individual		Date:
Name:		Title:
Street Address:		
City State Zip Code	: :	
Phone:	Email:	
Organization (plea	ase provide contact info	rmation for one or two individuals)
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