

THE ROUNDTABLE ASSOCIATION OF CATHOLIC DIOCESAN SOCIAL ACTION DIRECTORS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name of Organization:

Contact person for organization:

Contact information for organization

Email:

Phone:

City:

State:

Zip code:

Additional Members

Name of Individual:

Email address:

Name of Individual:

Email address:

Name of Individual:

Email address:

MEMBERSHIP TYPE (PLEASE CIRCLE)

| | | Annual Dues |
|--|--|-------------|
| Associate Membership | Parish Social Ministry Leader | \$50.00 |
| Affiliate Membership | Member of religious or social service organization | \$150.00 |
| Diocesan Membership | Budget under \$50,000 | \$200.00 |
| Diocesan Membership | Budget of \$50,000 – \$100,000 | \$350.00 |
| Diocesan Membership | Budget over \$100,000 | \$500.00 |
| In solidarity with low-income dioceses we offer this <i>Additional Donation</i> | | |
| I'd love to be a member, but this is all I can afford | | |
| TOTAL | | \$ |

Mail this form with a check made payable to "The Roundtable" to P.O. Box 96503, #81001, Washington DC 20090

Dues are for a 12 month period, and are requested in January.

Please mail this completed form with your payment. Thank you!

Last payment received

Date:

Amount:



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