

Liturgy Network INDIVIDUAL Membership Form

I am **renewing** my existing membership This is a **new** membership.

Please complete the following:

Name: _____

Organization/Employer: _____

Job Title: _____

Mailing Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Country (if other than USA): _____

Please check box if you would like the following information **omitted** from the annual Membership Directory:

Home phone: _____ E-Mail address: _____

Office phone: _____ Fax number: _____

I am a graduate of: _____

with a degree in: _____ Graduation year: _____

MEMBERSHIP FEES / PAYMENT METHOD

I am joining/renewing for: 1 year (US \$45.00) 2 years (US \$80.00)

My check is enclosed. (Please make check payable to **Notre Dame Center for Liturgy**.)

Charge my credit card number (VISA, MasterCard, Discover, American Express):

Card Number: _____ Exp. _____ / _____

Billing address if different than address above:



COMPLETE this form and **MAIL or FAX** with payment to:

Notre Dame Center for Liturgy

372 Geddes Hall • Notre Dame IN 46556

phone: 574.631.5436 / fax: 574.631.6968

e-mail: ndcl@nd.edu