

Liturgy Network OFFICE Membership Form

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

Please complete the following:

Name of Organization: _____

Name of Main Contact: _____

Job Title of Main Contact: _____

Mailing Address: _____

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

Country (if other than USA): _____

Office phone: _____

E-Mail address: _____

Fax number: _____

Web site: _____

Additional contacts for listserv:

Name: _____ E-mail address: _____

Name: _____ E-mail address: _____

Name: _____ E-mail address: _____

Name: _____ E-mail address: _____

MEMBERSHIP FEES / PAYMENT METHOD

I am joining/renewing for: 1 year (US \$75.00) 2 years (US \$140.00)

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

Charge our 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