

Date____

FORWARD IN FAITH MEMBERSHIP FORM

Name		Title	Order (lay, clergy, etc.)
Address		Ci	ty
State	ZIP	Country	
Telephone: H	ome	Bι	isiness
Cell	E-r	nail address	
If family mem	bership, spouse's name		
Parish		Dio	cese
Jurisdiction			
	ΓEC, DHC, REC, etc.)		
MEMBERSHIP I	DUES LEVELS (select or	ne; amounts are per yea	ar):
(Membership i	includes Forward in Cl	hrist Subscription)	
\$50	Individual (minimum d	lonation, more can be	given)
\$75	Family (minimum don	ation, more can be give	en)
LIFETIME MEN	MBERSHIPS		
magazine. Yo	will need to subscrib	e each year. (Current r	Elude subscriptions to <i>Forward in Christ</i> ate is \$30). Lifetime Memberships may be riod from the first payment.
Lifet	ime Individual (under 5	50 years of age): \$750	
Lifetime Individual (50 years of age and older): \$500			
Lifet	ime Family (under 50 y	vears of age): \$1,000	
Lifet	ime Family (50 years o	f age and older): \$750)
CHECK	ζ #		
	SA/DISCOVER/AmEx		Exp. Date
We requ	ire the 3/4 digit Security co	(Make sure that the name and addr de #	ess above match your card exactly.)

Checks should be made payable to Forward in Faith/North America, P.O. Box 210248, Bedford, TX 76095-7248. All gifts are tax-deductible to the extent of the law.