# LCWR Subscriber Form 2021

## Make Checks Payable to LCWR National Office

## Mail to: LCWR Membership Coordinator – 8737 Colesville Rd, Suite 610 –

## Silver Spring, MD 20910-4152

## Please complete this form and return with payment by November 1, 2020

## *To move between fields in the form use the tab key.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subscriber Information | | | | | | | | | | | | | | |
| Organization Represented: | | | |  | | | | | | | | | | |
| Full Name: | |  | | | | | | |  | | |  | | |
| (Last) | | | | | | | | | (First) | | | (Congregation Initials if applicable) | | |
| Title: | |  | | | | | | | | | | | | |
| Name of LCWR Subscriber you are replacing if applicable: | | | | | | | | |  | | | |  | |
|  | | | | | | | | | *(Last name)* | | | | *(First name)* | |
| Address: | |  | | | | | | | | | |  | | |
| (Street Address) | | | | | | | | | | | | (Apartment/Suite #) | | |
|  | |  | | | | | | | | | |  | |  |
| (City) | | | | | | | | | | | | (State) | | (ZIP Code) |
| Phone: | Area | |  | | Tel # |  | - |  | | E-mail Address: |  | | | |
| Fax: | Area | |  | | Tel # |  | - |  | |  |  | | | |

|  |  |
| --- | --- |
| **Payment Summary**  **Subscriber Fees 2021** | |
| For persons based in the United States - $150.00  For persons based outside the United States - $175.00 (USD)  ***Please note that we can only accept US Dollars.*** | |
| Amount enclosed | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***For Office Use Only*** | | | | | |
| Date |  | Check # |  | Amount |  |