



**2024 ASSOCIATE FORM**  
**CONTEMPLATIVE COMMUNITIES AND ORGANIZATION (FORM B)**

**FOR PRIORESSES OF CONTEMPLATIVE COMMUNITIES WITHIN THE UNITED STATES**  
**OR**  
**FOR MAJOR OFFICER/DELEGATE OF NATIONAL ORGANIZATIONS**

Name of Congregation or Organization:

*(As it appears in the P.J. Kenedy Directory)*

Congregational Initial:

Kenedy Directory#:

First Name:

Last Name:

Congregational Initial:

Title (e.g., General Superior):

Term Ends (Date):

Is Your Term Renewable?

YES

NO

Name of Associate Member you are replacing if applicable:

Address:

City:

Province/State:

Zip Code/Postal Code:

Country:

Phone:

Fax:

Email Address:

**PAYMENT INFORMATION**

Please choose the appropriate description

I am the Prioress of a Contemplative Community or her Delegate - **\$300.00 USD** (Based in the US)

I am the Major Officer or Delegate of a National Organization - **\$325.00 USD** (Based in/outside the US)

Form of Payment:

Credit Card

Check

Name on Credit Card:

Credit Card#:

Exp Date:

CVC:

Billing Address:

City:

Province/State:

Zip Code/Postal Code:

Country:

Total Amount Charged/Enclosed:

**FORM AND PAYMENT SUBMISSION**

- ✓ Please see "Associate Member Information and Instruction Document" for directions on completing this form.
- ✓ Make Check Payable to LCWR National Office.
- ✓ Email (form as file attachment w/CC payment) or Mail completed form with Payment to: LCWR Sr. Database and Membership Administrator 8737 Colesville Rd., Suite 610, Silver Spring, MD 20910-4152.
- ✓ Return Form and Payment by **November 15, 2022**.
- ✓ Questions regarding membership renewal must be directed to Faye Homed, [fhomed@lcwr.org](mailto:fhomed@lcwr.org), (301) 588-4955 ext. 226.