



2026~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 - **\$400.00 USD (Based in the US)**

I am the Major Officer or Delegate of a National Organization - **\$425.00 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 **October 1, 2026**.
- ✓ Questions regarding membership renewal must be directed to Faye Homed, fhomed@lcwr.org, (301) 588-4955 ext. 226.