



2026~PRIMARY~ASSOCIATE~FORM (FORMA)

FOR PRIMARY ASSOCIATE OF LEADERSHIP COUNCIL

Name of Congregation or Organization:

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

Congregational Initial:

Kenedy Directory#:

Please Choose the Appropriate Description with Applicable Dues

I am the Primary Leadership Council - **\$425.00 USD (Unit Based Outside the US)**

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:

Postal Code:

Country:

Phone:

Fax:

Email Address:

FOR ADDITIONAL ASSOCIATE OF LEADERSHIP COUNCILS ADDITIONAL ASSOCIATE DUES - \$275.00 USD (Based Outside the US)

First Name:

Last Name:

Congregational Initial:

Title:

Address:

City:

Province/State:

Postal Code:

Country:

Phone:

Fax:

Email Address:

FOR ADDITIONAL ASSOCIATE OF LEADERSHIP COUNCILS ADDITIONAL ASSOCIATE DUES - \$275.00 USD (Based Outside the US)

First Name:

Last Name:

Congregational Initial:

Title:

Address:

City:

Province/State:

Postal Code:

Country:

Phone:

Fax:

Email Address:

**FOR ADDITIONAL ASSOCIATE OF LEADERSHIP COUNCILS
ADDITIONAL ASSOCIATE DUES - \$275.00 USD (Based Outside the US)**

First Name: **Last Name:** **Congregational Initial:**

Title:

Address:

City: _____ **Province/State:** _____

Postal Code:

Country:

Phone:

Email Address:

PAYMENT INFORMATION

Form of Payment: Credit Card Check

Name on Credit Card:

Credit Card#: **Exp Date:** **CVC:**

Billing Address:

City: _____ **Province/State:** _____ **Postal Code/Zip Code:** _____ **Country:** _____

Primary Associate Dues (Outside the US): **\$425.00**

Additional Associate Dues (Outside the US): # Additional Members x \$275 (each)

Total Dues Charged/Enclosed:

FORM AND PAYMENT SUBMISSION

- ✓ Please See “Associate Information and Instruction Document” for directions on completing this form.
- ✓ If necessary, please duplicate additional pages to include ALL additional Associates.
- ✓ 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