



2026~ASSOCIATE~FORM
COMPLIMENTARY / WAIVED (FORM C)

**FOR FORMER LCWR PRESIDENTS AND EXECUTIVE DIRECTORS
NO LONGER IN CONGREGATION LEADERSHIP**

First Name: Last Name: Congregational Initial:
Address:
City: State: Zip Code:
Phone: Fax: Email Address:

FOR REPRESENTATIVES OF CONFERENCES AND NATIONAL ORGANIZATIONS

Organization Represented:

First Name: Last Name: Congregational Initial:
Title:
Term Ends (Date): Is Your Term Renewable? YES NO

Name of Associate Member you are replacing if applicable:

Address:
City: State: Zip Code:
Phone: Fax: Email Address:

PAYMENT INFORMATION

2023 Associate Dues: **COMPLIMENTARY / WAIVED**

FORM AND PAYMENT SUBMISSION

- ✓ Please see "Associate Information and Instruction Document" for directions on completing this form.
- ✓ Fee waived for all former LCWR Presidents and Executive Directors no longer in congregational leadership.
- ✓ Email (as an attachment to fhomed@lcwr.org) or Mail completed form to: LCWR Sr. Database and Membership Administrator 8737 Colesville Rd., Suite 610, Silver Spring, MD 20910-4152.
- ✓ Return Form by **October 1, 2026**.
- ✓ Questions regarding membership renewal must be directed to Faye Homed, fhomed@lcwr.org, (301) 588-4955 ext. 226.