



2026~ SUBSCRIBER~FORM

SUBSCRIBER INFORMATION

Organization Represented:

First Name:

Last Name:

Congregational Initial:

Name of LCWR Subscriber you are replacing if applicable:

Address:

City:

State:

Zip Code:

Country:

Phone:

Fax:

Email Address:

PAYMENT INFORMATION

Subscriber Fee: **\$250.00 USD** (Based in the US)

\$275.00 USD (Based outside the US)

Form of Payment:

Credit Card

Check

Name on Credit Card:

Credit Card#:

Exp Date:

CVC:

Address:

City:

State:

Zip Code:

Country:

FORM AND PAYMENT SUBMISSION

- ✓ Make check payable to LCWR National Office
- ✓ Email or Mail completed form and 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.