



## 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](mailto:fhomed@lcwr.org), (301) 588-4955 ext. 226.