# LCWR Subscriber Form 2021

## Make Checks Payable to LCWR National Office

## Mail to: LCWR Membership Coordinator – 8737 Colesville Rd, Suite 610 –

## Silver Spring, MD 20910-4152

## Please complete this form and return with payment by November 1, 2020

## *To move between fields in the form use the tab key.*

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| Subscriber Information |
| Organization Represented: |       |
| Full Name: |       |       |       |
|  (Last) | (First) | (Congregation Initials if applicable) |
| Title: |       |
| Name of LCWR Subscriber you are replacing if applicable: |       |       |
|  | *(Last name)* | *(First name)* |
| Address: |       |       |
|  (Street Address) | (Apartment/Suite #) |
|  |       |       |       |
|  (City) | (State) | (ZIP Code) |
| Phone: | Area |       | Tel # |       | - |       | E-mail Address: |       |
| Fax: | Area |       | Tel # |       | - |       |  |  |

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| **Payment Summary** **Subscriber Fees 2021** |
| For persons based in the United States - $150.00For persons based outside the United States - $175.00 (USD)***Please note that we can only accept US Dollars.*** |
| Amount enclosed | $       |

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| ***For Office Use Only*** |
| Date |  | Check # |  | Amount |  |