



United States Catholic Mission Association

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MEMBERSHIP FORM

MEMBERSHIP CONTACT INFORMATION: Provide appropriate information for your contact person below. Organizational members should provide information for the number of members allocated for the level for which you choose to contribute. A list (on a separate sheet) of your current members is provided for you to update.

Organization Name/Religious Congregation and Province:	
Contact Person:	
Division:	
Address 1:	
Address 2:	
City, State, Zip:	
Country:	
Phone:	
Fax:	
E-mail:	
Website:	

The generosity of membership support enables USCMA to carry out its mandate. The financial support and active participation of our members makes USCMA a vibrant association serving cross-cultural mission and global solidarity.

INDIVIDUAL MEMBERSHIP

_____ Individual \$100.00 +

CATEGORIES OF ORGANIZATIONAL MEMBERSHIP:

(Please check one and attach the contact information for each additional member.)

- | | | |
|---------------------|-------------------|-----------------------------|
| _____ Supporter | \$200 - \$499 | (2 individual memberships) |
| _____ Benefactor | \$500 - \$999 | (5 individual memberships) |
| _____ Donor | \$1,000 - \$1,999 | (10 individual memberships) |
| _____ Patron | \$2,000 - \$4,999 | (15 individual memberships) |
| _____ Sustainer | \$5,000 - \$9,999 | (25 individual memberships) |
| _____ Institutional | \$10,000 + | (50 individual memberships) |

PLEASE RETURN MEMBERSHIP INFORMATION ALONG WITH YOUR CHECK PAYABLE TO:

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