



# 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.

### CATEGORIES OF INDIVIDUAL MEMBERSHIP: (Please check one)

\_\_\_\_\_ *Individual* \$40.00 +      \_\_\_\_\_ *Student or Overseas Missioner*      \$30.00 +

### 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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