

## Liturgy Network INDIVIDUAL Membership Form



☐ I am **renewing** my existing membership      ☐ This is a **new** membership.

Please complete the following:

Name: \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if other than USA): \_\_\_\_\_

Please check box if you would like the following information **omitted** from the annual Membership Directory:

☐ Home phone: \_\_\_\_\_ ☐ E-Mail address: \_\_\_\_\_

☐ Office phone: \_\_\_\_\_ ☐ Fax number: \_\_\_\_\_

I am a graduate of: \_\_\_\_\_

with a degree in: \_\_\_\_\_ Graduation year: \_\_\_\_\_

### MEMBERSHIP FEES / PAYMENT METHOD

I am joining/renewing for:      ☐ 1 year (US \$45.00)      ☐ 2 years (US \$80.00)

☐ My check is enclosed. (Please make check payable to **Notre Dame Center for Liturgy**.)

☐ Charge my credit card number (VISA, MasterCard, Discover, American Express):

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_

Billing address if different than address above:

\_\_\_\_\_

**COMPLETE** this form and **MAIL** with payment to:  
**Notre Dame Center for Liturgy • 372 Geddes Hall • Notre Dame IN 46556**  
phone: 574.631.5436 / e-mail: ndcl@nd.edu