

CRCOA MEMBERSHIP APPLICATION:

(Concerned Roman Catholics of America)

NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____ FAX: _____

EMAIL: _____

DATE OF INITIAL MEMBERSHIP _____

TYPE OF MEMBERSHIP CHECK ONE

DUES ARE PER FAMILY

ACTIVE MEMBER (ATTENDS MEETINGS -\$15.00 MINIMUM YEARLY DONATION _____

FRIENDS OF THE COMMITTEE (CANNOT ATTEND MEETINGS BUT WILL RECEIVE NEWSLETTER) MINIMUM DONATION \$15.00 / YEAR _____ DONATION AMT. _____

WILLING TO PARTICIPATE IN RELIGIOUS EDUCATION DEMONSTRATION: YES _____ NO _____

FRIENDS OF THE COMMITTEE (CANNOT VOTE AT MEETINGS BUT WILL RECEIVE NEWSLETTER) DUES \$15.00 / YEAR

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