

# NACPA MEMBERSHIP APPLICATION

**Circle One**

Bro. Fr. Sr. Deacon

Mr. Mrs. Ms. \_\_\_\_\_ Cong. Initials \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title/Position \_\_\_\_\_

Office Phone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

**In which Diocese is your Organization located?** \_\_\_\_\_

**How did you learn about NACPA?** \_\_\_\_\_

**Please send me information regarding NACPA:**

- On-site workshops
- On-site consultation services
- Publications

**Membership Dues**

*(Check one of the following)*

- Individual Membership \$160
- Group Membership \$600  
(Group Membership: up to five persons. Additional charge of \$100 for each member over five. Please duplicate and complete this form for each member.)
- Special Needs  
(Suggested minimum: \$100)

Membership Dues: \$ \_\_\_\_\_

Please make checks payable to NACPA and mail with application to:

NACPA  
100 E. Eighth St.  
Cincinnati, OH 45202-2129  
Phone: 513-421-3134, Fax 513-421-3085  
Email: [nacpa@nacpa.org](mailto:nacpa@nacpa.org) Web site: [www.nacpa.org](http://www.nacpa.org)

To pay with credit card, fill out your credit card information and mail or fax this application to the above address.

Name On Card:	_____
Street Address:	_____ Zip Code: _____
	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX
	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER
Card Number:	_____
Exp. Date:	_____
Signature:	_____
AMOUNT: \$ _____	CONFIRMATION CODE: _____ (Accounting Use Only)