



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/Congregation 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)

_____ *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:*

U.S. CATHOLIC MISSION ASSOCIATION

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Washington, DC 20017-1102

Phone: (202) 832-3112
FAX: (202) 832-3688

Email: uscma@uscatholicmission.org
Web site: www.uscatholicmission.org