



**INDIVIDUAL MEMBERSHIP APPLICATION**

New Member  Renewal

Note: This form is for individual memberships. To establish or renew a group/organizational or diocesan membership, visit www.nalm.org or contact our office (773 595 4042; nalm@nalm.org.)

Return to: NALM, ATTN: Membership · 5401 S. Cornell, Room 210 · Chicago, IL 60615

Full Name

Title

Office/Department

Organization/Parish where you minister

Mailing Address  Office  Home

City/State,/Zip

Telephone  Office  Mobile  Home

Alt. Telephone  Office  Mobile  Home

E-mail address

Organizational Website Address

Fax Number

Diocese

Are you (check all that apply):  Full-time  Part-time  Paid  Volunteer

**MINISTRY CATEGORY (Please check one that best describes your ministry)**

- Campus Ministry       Education       Ministry Student       Pastoral Care
- Catechetical Leader       Family Ministry       Ordained Ministry       Prison Ministry
- Catechist       Health Care/Parish Nurse       Parish Business Manager/Admin       Social Concerns/ Social Justice
- Consultant       Liturgy/Music       Parish Life Coordinator       Young Adult Ministry
- Counseling/Spiritual Dir.       Ministry Formation       Pastoral Associate       Youth Ministry
- Other \_\_\_\_\_

**MINISTRY LOCATION (Please check one that best describes the institute where you minister)**

- Diocese       College/University       Retreat Center       Publisher       Parish       Seminary/Graduate School
- Prison/Jail       Catholic School       Hospital/Heath Care       Association/Organization       Religious Community
- Other \_\_\_\_\_

**INDIVIDUAL MEMBERSHIP CATEGORIES & FEE**

- Sustaining Member.....\$195
- REGULAR MEMBER.....\$95
- Affiliated Association/Diocese Member.....\$65

Name of Affiliated Organization or Diocese

- Student\*/ Retired/ Limited Income Member....\$35

\*School/Program Where Enrolled

- Retired/Limited Income Member.....\$35

**PAYMENT DUE WITH MEMBERSHIP FORM:**

- Check payable to NALM    or     Visa     MasterCard

Name on Credit Card

Credit Card Number

Exp. Date

Billing Zip Code

Signature