

National Senior A.C.R.Y. Membership Form

Please fill out this form completely. Please include the first and last names of all National A.C.R.Y. Members. Please check one of the blocks that pertain to "New Member" or "Current Member". Please keep a copy for your records and forward this form, along with the \$15.00 for each member. Checks should be made payable to: NATIONAL A.C.R.Y. and sent to the National Financial Secretary no later than DECEMBER 1ST.

CHAPTER # _____ CHURCH: _____

ADDRESS: _____

PRIEST: _____ # of Households _____

TOTAL MEMBERS: _____ TOTAL DUES TO NATIONAL: _____

NAME	EMAIL ADDRESS	CURRENT	NEW
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1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

PLEASE USE THE NEXT PAGE IF MORE SPACE IS NEEDED

NAME	EMAIL ADDRESS	CURRENT	NEW
12)			
13)			
14)			
15)			
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30)			

IF MORE SPACE IS NEEDED PLEASE ATTACH ANOTHER PAPER: THANK-YOU)