

NAFSCC MEMBERSHIP FORM

Membership Fee is \$100.00 (US Dollars) per diocese, parish, or organization
July 1 through June 30 per year

Diocese/Parish/Organization _____

Bishop/Pastor _____

Address _____ Email _____

SCC Contact Person _____ Title _____

Address _____

City _____ State/Province _____ Zip Code _____

Phone _____ Email _____



Please send this form and check payable to **NAFSCC** to:

Diane Kledzik

Diocese of St. Petersburg

P.O. Box 40200

St. Petersburg, FL 33743-0200

dmk@dosp.org

727.341.6839

You may list up to 4 individuals for one membership.

Additional members may be added at \$25.00 per person – list on back.

Name _____ **Title** _____

Phone _____ Email _____

Name _____ **Title** _____

Phone _____ Email _____

Name _____ **Title** _____

Phone _____ Email _____

Name _____ **Title** _____

Phone _____ Email _____