

NAACUS

National Association of African Catholics in the United States

MEMBERSHIP REGISTRATION FORM

Personal Information							
Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Deacon ☐ Other:	□ Dr.	☐ Most Rev.	□ Msgr.	□ Rev.	□ Sr.	□ Bro.	
First name:	Last name:						
Address:							
City:	State:				Zip code:		
Home number:	Mobile number:						
Email address:							
Region:		Arch/Diocese:					
Country of origin:	Occupation/Profession:						
Payment options: Check # Money Order # Cashier's Check # Traveler's Check #							
All members shall be considered registed ☐ Individual Membership: \$ 20.00 ☐ Group Membership: Name of Group:			al dues as li	isted below	v:		
2-100 members\$ 200.00 100+ members\$ 300.00							

Annual dues will be due on the first day of the particular year in question.

Each person, or Regional Organization or Regional Chapter shall submit its annual dues to the NAACUS Office.

Remit To: NAACUS

c/o Sr. Joanna Okereke

P.O. BOX 29416

Washington, DC 20017

Phone: (202)541-3359 Email: naacus@gmail.com