

Membership Form

I want to be a member of the Catholic League.

1. Check membership category:

☐ \$30 Individual ☐ \$1,000 Life membership

☐ \$20 Senior

2. Select payment method:

☐ Check or money order enclosed.

(Make check or money order payable to CATHOLIC LEAGUE)

☐ Charge to my ☐ VISA ☐ MasterCard ☐ Discover
☐ American Express

Card number: _____

Expiration date: ____/____

Signature (required if using credit card) _____

Please Print ☐ Mr. ☐ Mrs. ☐ Miss ☐
Ms. ☐ Other

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (AREA CODE _____) _____