



NATIONAL CATHOLIC DEVELOPMENT CONFERENCE

734 15th Street NW - Suite 700 | Washington, DC 20005-1013
tel.202.637.0470 | fax.202.637.0471 | toll free 888.TRY.NCDC (879.6232)
www.ncdc.org

2018 (ARCH)DIOCESAN MEMBERSHIP RENEWAL FORM

Please return by December 31, 2017

Organization: _____

City, State: _____

Membership Dues

Annual dues are based on the number of parishes in your (arch)diocese. Please use the table to the right to find your organization's annual membership dues.

	Number of Parishes	Annual Dues
<input type="checkbox"/>	125 or more	\$1,650
<input type="checkbox"/>	Fewer than 125	\$550

Accountability Information

Diocesan member organizations/institutions agree to:

- Adhere to the **NCDC Code of Stewardship and Ethics** (available online at ncdc.org)
- Support the **Donor Bill of Rights** (available online at ncdc.org)
- Send a copy of your **Statement of Accountability** to the NCDC office annually (the report you send to donors/contributors in response to their inquiries; NCDC will provide assistance to help assure that such a statement is available)

My organization's **Statement of Accountability** is enclosed.

By my signature below, I certify the accuracy of this form to the best of my knowledge and my organization agrees to adhere to the above-mentioned documents to the best of our ability.

Name of Accredited Representative (PRINT) _____

Signature of Accredited Representative _____ Date _____

Annual Fund

My organization would like to contribute
\$ _____
to the NCDC Annual Fund.

Payment Information

Check Enclosed

Visa Mastercard American Express Discover

Card # _____ Exp. Date ____/____ CVV _____

Name of Cardholder _____

Billing Address _____

City _____ State _____ Zip _____

Signature of Cardholder _____

To renew online, visit ncdc.org & log in to your account