



International Catholic Stewardship Council

Professional Firm Membership Registration 2008

Organization _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

Website _____

Voting Delegate* _____

Title _____

Telephone _____ Fax _____

E-mail _____

Non Voting Delegates

1. Name _____ Title _____

Email _____

2. Name _____ Title _____

Email _____

3. Name _____ Title _____

Email _____

Annual Membership Commitment: \$1,000

*Voting delegate receives mailings and is eligible to vote on all matters of the Corporation.

Method of Payment:

- Check (Please make payable to ICSC)
- MasterCard VISA

Account Number _____

Expiration Date _____ CVV _____

Authorized Name _____



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