



Women's Ordination Conference Membership Form

Please print, fill out and send (with check, if paying by check) to:
Women's Ordination Conference • P.O. Box 15057 Washington, D.C. 20003

Name: _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____

Email: _____

I am enclosing my membership fee for an: Individual Organization

Individual: \$45 Regular \$50 International (USD) \$25 Student/Low Income/Justice Rate

Organization: \$100

In addition, I am enclosing an additional gift of:
 \$25 \$35 \$50 \$100 Other \$ _____

I am paying by: Check (payable to "WOC") Credit Card

Credit Card #: _____ 3-digit security code: _____ Expiration Date: _____

Name as it appears on card (*print*): _____

Signature: _____

I am interested in learning more about planned giving. Yes No

Please mark any of the following that apply:

I am called to ordination. Yes No Maybe

I have included names and addresses of friends who may be interested in WOC.

I am in my 20's or 30's and would like more information about the Young Feminist Network.

I would like to hold an educational/social event in my home/ parish.

I would like to be connected with other WOC supporters in my geographic area.

I would like to get instructions on how to set up a social media fundraiser for WOC for my birthday.

Can we trade your name with other church reform organizations for use in direct mail campaigns?

Yes No

Thank you for your ongoing support of women's priestly equality in the Church!