

Annual Membership Form

The United States Association of the Catechesis of the Good Shepherd

Memberships are valid for a 12-month term from the date of processing.
Please visit our website, www.cgsusa.org, to process your new membership or renewal with a secure credit card payment.



Please choose **only one type** of membership per form: **Individual** or **Organization**
Select a **Level** of membership

INDIVIDUAL MEMBERSHIP: This membership is for one individual. Individual members meeting qualifications may request access to the online materials manual.

- | | |
|--|---------------|
| <input type="checkbox"/> Visionary Member | \$500.00/year |
| <input type="checkbox"/> Supporting Member | \$150.00/year |
| <input type="checkbox"/> Companion Member | \$75.00 /year |
| <input type="checkbox"/> Contributing Member | \$50.00/year |

-----OR-----

ORGANIZATION MEMBERSHIP: This membership is for an organization that either offers CGS and / or supports those who serve the child. The organization membership *does not provide access* to the online materials manual(s). Benefit includes monthly newsletter for organizations.

- | | |
|--|-----------------|
| <input type="checkbox"/> Benefactor Member | \$1,000.00/year |
| <input type="checkbox"/> Partner Member | \$500.00/year |
| <input type="checkbox"/> Collaborator Member | \$250.00 /year |
| <input type="checkbox"/> Sponsor Member | \$150.00/year |

Individual Memberships will

have access to the online
Materials Manuals for those
levels in which they have
been formed or are in active
formation.

Organization Memberships

will have access to *In the
Meadow* resources.

All active members will receive
a copy of the
Annual Journal and will
receive notification of news
and events of the Association
via broadcast email and by
semi-annual mailings.

☐ Add \$10.00 **Annual Appeal Donation** to Annual Membership

TOTAL \$ Amount _____ **U.S. FUNDS ONLY** (if not drawn on a U.S. bank, add \$5.00 processing fee)

First Name: _____ **Last Name** _____

Organization Name (If Applicable): _____

Street Address _____

City: _____ **State:** _____ **Zip:** _____

Member's Denomination: _____

Daytime Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Email: _____ If email is not available, what is the best way to contact you?

Please remit with your check or money order to: **Catechesis of the Good Shepherd, 7655 E. Main St., Scottsdale, AZ. 85251**