



National Catholic Office for the

Membership Form

For October 1, 2020 to September 30, 2021

Due October 30, 2020

NCOD Mission Statement: "Spread God's message through the support of Deaf and Hard of Hearing Pastoral Ministry so that we may all be one in Christ"

New Member Renewal Vision Subscription Only

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Diocese: _____

Deaf/Hard of Hearing Deaf-Blind Hearing

Phone (W): _____ VP Voice

Phone (H): _____ VP Voice

Email: _____

Name of Designated Voter (for Family & Executive Members only): _____

Please note: All of the above information is printed in the Membership Directory.

Do you want your personal data published in the Membership Directory? Yes No

NCOD needs your assistance to provide complete and accurate information. Thank you!

Annual Membership Fees (USA Rates)

Individual \$70 (Pastoral Worker Yes __ or No __) Student \$10
 Family \$100 Executive \$250 (Diocese, Agencies, & Organizations)
 Donation: _____ (Tax Deductible)

Membership Benefits:

- ~Membership Directory
- ~Voting privileges at business meetings and Pastoral Week
- ~Reduced registration fee at Pastoral Week
- ~Resources at reduced rates & Consultations
- ~Subscription to Vision (Quarterly; two issues published on website)
- ~eNewsletter (must provide an email address above)

Vision Subscription Only (non-member)

- One Year
 \$20 US \$30 International
- Two Year
 \$35 US \$45 International
- Please send paper copies of eNewsletter

Mail Information: NCOD Membership
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Website: www.ncod.org