



**Archivists for Congregations of Women Religious**

July 1, 2023 - June 30, 2024

\_\_\_\_\_ Renewal Membership

\_\_\_\_\_ New Membership

Name \_\_\_\_\_  
Last Name First Name Cong. Initials

Position Title \_\_\_\_\_

\_\_\_\_\_  
Name of Archives/Institution

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State 9-digit Zip Code

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Congregation: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Annual Membership Fee:** *(Use a separate form for each individual)*

Regular: \$60 \_\_\_\_\_ Retired: \$25 \_\_\_\_\_

Associate (Archives-adjacent professionals): \$40 \_\_\_\_\_ First-time Members: \$40 \_\_\_\_\_

Student / First-Year Professional: \$40 \_\_\_\_\_

Institutional Membership (Organization up to five (5) members): \$150 \_\_\_\_\_

*(Please use the second page to include information for each member)*

**Additional donation to ACWR:** \_\_\_\_\_

**TOTAL PAYMENT:** \_\_\_\_\_

**Payment Method:** Paypal \_\_\_\_\_ Check \_\_\_\_\_ Check Number \_\_\_\_\_

Indicate your interest in volunteering for any of the following committees:

Education \_\_\_\_\_ Nominating / Election \_\_\_\_\_ Conference Planning / Volunteer \_\_\_\_\_

Publications \_\_\_\_\_ New Members \_\_\_\_\_

Are you interested in the ACWR mentoring program? As a mentor? Yes \_\_\_\_\_ No \_\_\_\_\_

Having a mentor? Yes \_\_\_\_\_ No \_\_\_\_\_

**Complete and return by 9/1/2023 to:**

Veronica Buchanan, Executive Secretary

ACWR National Office

5900 Delhi Road, Mt. St. Joseph, OH 45051

[archivistsacwr@gmail.com](mailto:archivistsacwr@gmail.com)



**Archivists for Congregations of Women Religious**

July 1, 2023 - June 30, 2024

\_\_\_\_\_ Institutional Memberships

Name \_\_\_\_\_  
Last Name First Name Cong. Initials

Position Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Name \_\_\_\_\_  
Last Name First Name Cong. Initials

Position Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Last Name First Name Cong. Initials

Position Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Name \_\_\_\_\_  
Last Name First Name Cong. Initials

Position Title \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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