



Archivists for Congregations of Women Religious

July 1, 2024 - June 30, 2025

_____ 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 9/1/2024 to:

Veronica Buchanan, Executive Secretary

ACWR National Office

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

archivistsacwr@gmail.com



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July 1, 2024 - June 30, 2025

_____ Institutional Memberships

Name _____
Last Name First Name Cong. Initials

Position Title _____

Telephone: _____ Ext. _____ Fax: _____

Email: _____

Name _____
Last Name First Name Cong. Initials

Position Title _____

Telephone: _____ Ext. _____ Fax: _____

Email: _____

Name _____
Last Name First Name Cong. Initials

Position Title _____

Telephone: _____ Ext. _____ Fax: _____

Email: _____

Name _____
Last Name First Name Cong. Initials

Position Title _____

Telephone: _____ Ext. _____ Fax: _____

Email: _____
