



# RFC Membership Form 2014

Religious Formation Conference  
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The membership form is provided electronically. This allows the form to be completed by computer and saved as an electronic record. To move between fields in the form use the tab key.  
 To check the boxes click on the one that is your answer.

## INFORMATION

Membership in RFC is by religious institute or government unit (e.g. community, region, monastery priory.)  
 When an institute or unit becomes a member, everyone who belongs to the unit enjoys the privileges of membership.

## BENEFITS INCLUDE

- ❖ Quarterly Bulletin *InFormation* and other electronic mailings
- ❖ Access to the private side of the RFC website, which includes access to the membership directory
- ❖ Reduced rates for national workshops, the biennial Congress, and resource materials
- ❖ Consultation Services with the National Office
- ❖ Access to the RFC Discussion Group
- ❖ National & International Networking

Please make check or money order, payable in US dollars, drawn on a US bank, to the:

Religious Formation Conference  
 Attention: Membership Coordinator  
 3025 Fourth St. NE, Suite 124  
 Washington, DC 20017-1101

**PLEASE RETURN THIS FORM WITH PAYMENT**

**DEADLINE FOR RENEWAL IS February 15, 2014**

**A \$50 LATE FEE WILL BE APPLIED THEREAFTER (please retain canceled check as receipt)**

## STATISTICS

INDICATE THE NUMBER OF MEMBERS IN YOUR RELIGIOUS INSTITUTE IN THE FOLLOWING CATEGORIES:

PRE-NOVIATATE	_____	TEMPORARY PROFESSED	_____
NOVIATATE	_____	FINALLY PROFESSED	_____
		TOTAL IN 2013	_____

## MEMBERSHIP FEES

FEES ARE BASED ON THE TOTAL NUMBER OF MEMBERS IN YOUR RELIGIOUS INSTITUTE OR UNIT.

<50	\$465	201-400	\$1,260
51-100	\$980	401- 600	\$1,480
101-200	\$1020	601->1,000	\$1,555
<b>TOTAL</b>		<b>\$</b>	_____
Additional USA and International \$70 each		<b>\$</b>	_____
Optional Donation to Assist Others		<b>\$</b>	_____
<b>CHECK TOTAL</b>		<b>\$</b>	_____

## RELIGIOUS INSTITUTE

Name of Congregation\* \_\_\_\_\_  
*\*Congregational Title as it appears in the P.J. Kenedy Directory* Congregation Initials

Kenedy Directory Number \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street Address)* *(Apartment/Suite #)*

\_\_\_\_\_  
*(City)* *(State)* *(ZIP Code)*

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## LEADERSHIP MINISTER

**Full Name:** \_\_\_\_\_  
*(Last)* *(First)* *(Congregation Initials)*

Position \_\_\_\_\_ **Region**  **Primary Rep**

Address: \_\_\_\_\_  
*(Street Address)* *(Apartment/Suite #)*

\_\_\_\_\_  
*(City)* *(State)* *(ZIP Code)*

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## FORMATION – MEMBERSHIP MINISTER

**Full Name:** \_\_\_\_\_  
*(Last)* *(First)* *(Congregation Initials)*

Position \_\_\_\_\_ **Region**  **Primary Rep**

Address: \_\_\_\_\_  
*(Street Address)* *(Apartment/Suite #)*

\_\_\_\_\_  
*(City)* *(State)* *(ZIP Code)*

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## ADDITIONAL MEMBERSHIP

*Domestic and International rate: \$70 each. List names below.*

**Full Name:** \_\_\_\_\_  
*(Last)* *(First)* *(Congregation Initials)*

Position \_\_\_\_\_ **Region** \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street Address)* *(Apartment/Suite #)*

\_\_\_\_\_  
*(City)* *(State)* *(ZIP Code)*

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## ADDITIONAL MEMBERSHIP

(Continued)

**Full Name:** \_\_\_\_\_  
(Last) (First) (Congregation Initials)

Position \_\_\_\_\_ **Region** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (Apartment/Suite #)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## ADDITIONAL MEMBERSHIP

(Continued)

**Full Name:** \_\_\_\_\_  
(Last) (First) (Congregation Initials)

Position \_\_\_\_\_ **Region** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (Apartment/Suite #)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## ADDITIONAL MEMBERSHIP

(Continued)

**Full Name:** \_\_\_\_\_  
(Last) (First) (Congregation Initials)

Position \_\_\_\_\_ **Region** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (Apartment/Suite #)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## AUXILIARY MEMBERSHIP

**Auxiliary Membership is \$110 and is available to the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> CLOISTERED RELIGIOUS INSTITUTE              | <input type="checkbox"/> Diocesan Vocation Director |
| <input type="checkbox"/> RELIGIOUS INSTITUTE/UNIT OUTSIDE N. AMERICA | <input type="checkbox"/> Vicars for Religious       |
| <input type="checkbox"/> SECULAR INSTITUTE                           | <input type="checkbox"/> Campus Ministry            |
| <input type="checkbox"/> <b>Other (Specify)</b> _____                |   |

**Full Name:** \_\_\_\_\_  
(Last) (First) (Congregation Initials)

Position \_\_\_\_\_ **Region** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (Apartment/Suite #)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Phone: Area \_\_\_\_\_ Tel # \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_