



Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Vicariate: _____

Phone: (wk) _____ (hm) _____ (cell) _____

E-mail: _____

New member: _____ Renewal: _____

Institution of Ministry: _____

Title / Responsibilities: _____

May we publish your name / information in our directory? Circle one: Yes No

Would you be willing to be listed in a gift bank / resource list in our directory? Yes No

If yes, a separate form will be sent to you to complete. We are in the process of creating a gift bank resource. A gift bank resource is a list of members who are willing to share their expertise in an area.

Mail this form with your membership dues payment to:

AACYM

Attn: Tina O'Shea, *Membership Secretary*
10233 S. Central Park Avenue
Evergreen Park, IL 60805