

The CATHOLIC LABOR NETWORK

2017 Membership Application (Individual)

CONTACT INFORMATION

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

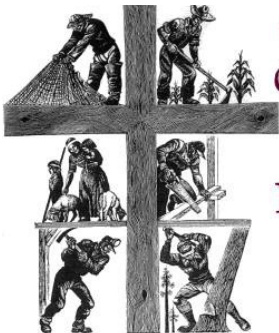
SUPPLEMENTAL INFORMATION (Optional)

I am a: ___ Layperson ___ Priest ___ Deacon ___ Brother ___ Sister
Parish: _____ Diocese: _____
Do you belong to a Labor Union? ___ If yes, please indicate: _____
Are you an officer or steward in your labor union? If yes, please indicate: _____

I have participated in (circle any/all that apply): 1. JustFaith 2. A Parish Social Ministry
3. An Interfaith Worker Justice Group 4. An AFL-CIO lobby day at my state capital
5. A Catholic Conference lobby day at my state capital 6. A picket line

I want to join as a FULL MEMBER (Catholic & Voting Member): _____ \$25.00

I want to join as an AFFILIATE MEMBER (Non-Voting Member): _____ \$15.00



the
Catholic
Labor
Network

MAKE CHECKS PAYABLE TO: **CATHOLIC LABOR NETWORK**

Questions?
E-mail clayton@catholiclabor.org

Post to:
Catholic Labor Network
7145 Roosevelt Ave.
Falls Church VA 22042