



Catholic Labor Network Membership Application

For the Year 2015

Name: _____

Prefix: ____ Mr. ____ Mrs. ____ Ms. ____ Miss ____ Sr. ____ Br. ____ Fr. ____ Deacon

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Catholic Organization? _____

Union Affiliation and Office: _____

Full Membership (Catholic & Voting Member): _____ \$25.00

Affiliate Membership (Voice & Non-Voting Member): _____ \$15.00

Association Membership (Church, Organization, Union, etc): _____ \$100.00

Make Checks Payable to:

Catholic Labor Network

Post to:

Mr. Clayton Sinyai

Treasurer

Catholic Labor Network

7145 Roosevelt Ave.

Falls Church, VA 22042