



**Association of Chicago Priests**

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**2012-2013 MEMBERSHIP FORM**

**for July 1, 2012 - June 30, 2013**

Please Indicate Membership Type

Sustaining Member .....	\$125 or \$_____
Regular Member .....	\$85
Member Ordained Less than 5 Years .....	\$50
Retired .....	\$50
Associate .....	\$50

Member Name	_____		
Institution (if applicable)	_____		
Address	_____		
City/State/Zip	_____		
Phone:	_____		
Fax:	_____		
E-mail:	_____		
Ordination Year:	_____	Vicariate	_____
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Are there issues/topics/events that you would like the ACP to address?  
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