



**50 Years
1966-2016**

Association of Chicago Priests

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Email: ACPriests@gmail.com

www.ACPriests.org

ACP Membership Form

July 2018 through June 2019

Member Name: _____

Parish/Institution: _____

Address: _____

City/State/Zip: _____

Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Ordination Year (if apl): _____ Vicariate (if apl): _____

Order Initials (if apl): _____ Deanery (if apl): _____

Please Indicate Membership Type

ACP Sustaining Member \$125 or \$_____

ACP Regular Member (ordained)..... \$85

ACP Member Ordained Less than 5 Years..... \$50

ACP Deacon/Couple Member \$50

ACP Retired Member \$50

Non-ordained Member \$50

Donation (write in amount) \$_____

Make check payable to: Association of Chicago Priests TOTAL ENCLOSED: \$_____

Please contact me by: **Email** (to help reduce costs) **Regular Mail**

Please put me on mailing list, but no membership/donation at this time

Please include comments and suggestions on the back of this form.

Thank you for supporting the Association of Chicago Priests!