

MEMBERSHIP REGISTRATION FORM – PD/CARE ASSOCIATION 2008 – 2009

(DUE DATE: September 4, 2008)

NAME: _____ Email _____

Your Title: DRE CRE ARE Other _____

Area of Study: _____

Parish of Service: _____

Parish Street Address: _____

Home Phone: (_____) _____ Office: (_____) _____ FAX: (_____) _____

Parish Religious Education Program Information

- Please check the day(s) and indicate time of each Parish session.

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

- Grade levels offered in your Program (K/1 – 8) _____ Total # of Children _____

TYPE OF MEMBERSHIP (Please check one).

Full: Person designated by pastor and recognized by the Office for Catechetical Formation as Parish Director, Coordinator or Administrator of Religious Education.
Fee: \$35

Affiliate: Former PD/CARE members who are not actively engaged as a DRE, CRE or ARE; or a professional associate in a related parish ministry.
Fee: \$40

Please make check payable to **PD/CARE ASSOCIATION**. Mail check with this form to:
(DUE DATE: September 4, 2008)

Anne McManus
Office for Catechetical Formation
Archdiocese of Philadelphia
222 N. 17th Street
Philadelphia, PA 19103