

*Yes, I want to join Your Catholic Voice*

Please Print

Date: Mo/Day/Yr \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Mobile \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Fax Number \_\_\_\_\_

Parish \_\_\_\_\_ Organization \_\_\_\_\_ Title \_\_\_\_\_

Gender - M/F \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Married  Single  Widowed

Ages of Children \_\_\_\_\_ Occupation \_\_\_\_\_

I would like to:  Make phone calls  Study the faith  Write letters-to-the-editor  
 Distribute literature  Organize events

I will join The Oremus Network and commit to daily prayer for Your Catholic Voice and its members.

Contribution:  \$10  \$15  \$25  \$50  \$100  \$250  \$500  Other \_\_\_\_\_

Enclose check payable to YCV. Or you may contribute by credit card.

VISA  MasterCard  AmEx

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Credit Card Number                      Expiration Date                      Authorizing Signature

Donations to Your Catholic Voice are not deductible from federal income taxes.

Postage  
Required

**Your Catholic Voice**  
PO Box 9248  
Bakersfield, CA 93389