

The Society for Catholic Liturgy Application for Membership

Name: _____

(Title) (First Name) (Middle Name) (Last Name)

Professional or pastoral occupation:

Institution: _____ Location:

Academic Department (where applicable): _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____ Fax: _____

Mobile Phone: _____ E-mail: _____

Members must belong to the Catholic Church. If not Latin Rite, to which Eastern Rite do you belong?

Do you subscribe to the Statement of Principles of the Society for Catholic Liturgy? YES ____ NO ____

Which type of membership are you seeking (see criteria on membership page)?

FULL MEMBERSHIP ____ ASSOCIATE MEMBERSHIP ____

Please provide the following information relevant to membership:

1. Letter of recommendation from a current member
2. A curriculum vitae
3. Education/degrees
4. Professional or pastoral experience
5. Projects or other accomplishments
6. Thesis or dissertation title(s)
7. Publications (books or essays)
8. Specialties within the discipline of liturgy

Full or Associate membership is \$50 per year which includes a subscription to *Antiphon*, the journal published by the society three times each year. Dues will be billed after acceptance into the society.

If accepted, are you willing to contribute articles or reviews to *Antiphon*? YES ____ NO ____

Mail your completed application and
all supporting materials (no checks,
please) to: Dr Anthony Lilles
Secretary, Society for Catholic Liturgy
1300 S. Steele St.
Denver, CO 80210-2599