



Galveston - Houston Chapter

Renew 2008-2009

Membership Dues: ___\$15 per person annually

I'm a: ___New NPMGH Member ___ Returning NPMGH member ___NPM member

Membership Information:

Title	First Name	Last Name	Degrees earned
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Complete Mailing Address City State Zip Code

Work Phone: _____ Home: _____

Email Address: _____

Parish/Community of Service: _____

Official Position: _____

Parish Address: _____

I am available to substitute and would like to be listed in the Chapter Directory as a ___Cantor ___Organist ___Director

Volunteer Information:

___I am interested in becoming a committee volunteer

___I am interested in becoming an administrative or clerical volunteer

___I am willing to volunteer my parish facility for future consideration to host an NPMGH event

___ I am interested in serving as a vicariate coordinator or deanery representative and would like someone to contact me.

Chapter Directory:

___ I DO agree ___ do NOT agree to have the above contact information printed in the Chapter Directory.

Optional contributions:

Enclosed is my tax deductible contribution of \$_____ to assist NPMGH in continuing its mission.

**PLEASE RETURN THIS FORM WITH PAYMENT TO:
NPMGH C/O Rene Mondragon St. Helen Catholic Church 2209 Old Alvin Road Pearland, TX 77581
Checks payable to: NPMGH**