



# Association of Catholic Diocesan Archivists

## Membership Form

**Name**

*(including salutation, religious initials, and academic/professional achievements)*

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**Job Title**

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**Diocese/Institution**

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**Mailing Address**

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**Phone Number**

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**Email Address**

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**Website**

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Dues are \$25 per year, January through December. Checks should be made payable to:

**Association of Catholic Diocesan Archivists**

And mailed to:

**ACDA Treasurer  
c/o Angelique Richardson  
Archdiocese of Atlanta  
2401 Lake Park Drive SE  
Smyrna, GA 30080**

Receipts available upon request. Membership inquiries should be directed to Angelique Richardson at [arichardson@archatl.com](mailto:arichardson@archatl.com) or 404-920-7694.