Reset Form

Catholic Women's League of Canada - Corpus Christi Council

Membership Form

☐ New Membership ☐ Renewal ☐ Transfer from _____

Membership for which year? _____ Today's Date: _____

Yearly Membership Fee of **$40.00** paid by: ☐ Cash

☐ Cheque #_____ payable to Corpus Christi CWL

☐ eTransfer sent to cwlcorpuschristi@gmail.com, Date Sent: _____

Your membership fee supports national, provincial, diocesan, national CWL insurance, and Corpus Christi Council. The insurance covers you when you are traveling to any CWL activity.

Name: _____

Mailing Address: _____
STREET ADDRESS CITY POSTAL CODE

Primary Phone: _____ ☐ Cell or ☐ Landline

Secondary Phone: _____ ☐ Cell or ☐ Landline

Email Address: _____

May we share your contact information in a Corpus Christi CWL members-only list? **Please initial:** ____ Yes / ____ No

May we use photos of you taken at CWL events in the council Facebook/Newsletters? **Please initial:** ____ Yes / ____ No

Birthday: _____
DAY / MONTH / (YEAR IS OPTIONAL)

What interests, skills, and talents do you have to offer? _____

_____

_____

_____

Your membership includes THE CANADIAN LEAGUE magazine. How would you like to receive the magazine?

- ☐ Hard Copy via Canada Post
- ☐ Digital Copy - **https://cwl.ca/category/media/the-canadian-league/**
- ☐ Both
- ☐ Not interested

Print

Submit by Email

For CWL Organization Use Only

Receipt for CWL Membership Dues—Amount Received: _____

Name: _____

Date Received: _____

Notes: _____

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