

# The Catholic Women's League of Canada

## Life Member Nominee Questionnaire

(to be completed by the nominee)

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Your name has been submitted by (nominating council) \_\_\_\_\_  
for life membership in national council. This honour entails responsibility since national council requires support and active service from its life members. Only nominees available and willing to make the commitment actively to serve national council will be considered. Final approval of life membership applications (received by national office by December 15<sup>th</sup>) is made by motion at the winter national executive meeting.

As a life member, you would be expected to maintain membership by paying annual membership fees through your local parish council. You would also be responsible for registering for and attending diocesan, provincial and national conventions and would be expected to pay your own expenses.

**Please complete this form and forward a copy to your nominating president, provincial president and the executive director, c/o CWL National Office, C-702 Scotland Avenue, Winnipeg, MB R3M 1X5 by December 15<sup>th</sup>. Please print.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parish: \_\_\_\_\_ Diocese: \_\_\_\_\_

1. Are you available, able and willing at this time to render further service to the League?

Yes                       Possibly at a later date                       No

*(If your response is no or possibly at a later date, the national executive reserves the right to return the nomination. Future nomination is welcomed.)*

2. League work – areas of particular interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you available to serve in any of the following capacities?

Research                       Writing briefs/position papers                       Facilitator/animator  
 Program designer                       Resolutions committee member                       Speaker  
 Advisor                       Sub-committee chairperson

4. Are you available, able and willing to travel?

Yes                       Possibly at a later date                       No

5. Are you currently a member of the executive at any of the following levels?

Parish    Regional    Diocesan    Regional    Provincial    National

6. What is your field of professional training/expertise?

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7. Name the volunteer organizations in which you are currently involved.

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8. Name other Catholic groups/organizations in which are you currently involved.

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9. Additional information:

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Signature of nominee: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and forward a copy to your nominating president, provincial president and the executive director, c/o National Office, C-702 Scotland Avenue, Winnipeg, MB R3M 1X5. (Deadline Date: Postmarked by December 15<sup>th</sup>)**

**Nominating President:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Provincial President:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_