THE CATHOLIC WOMEN'S LEAGUE OF CANADA MEMBER'S TRANSFER FORM

For presentation to a new parish council when a member is moving. (C & B, Article VII, Section 2). Forms should be provided to transferring members. Please do not forward these forms to national office.

From:							
<u> </u>	Name of Council			Name of Diocese			
_	Parish Address						
_	President Spiritual Advis					or	
This form	will introduce:					,	
			Name of Membe	r		Member ID #	
who is tran	sferring to your co	uncil and has been a m	nember of Th	e Catho	lic Women's Lea	gue of Canada since	
		Name of Member]	has served in the	following positions:	
Year Join	ed						
		mmittees and dates. List s more space is needed. Mak				er has participated in your	
	<u>Office</u>					Years	
for nomina & B, Ar	tion to office at di	ocesan/provincial leve (b), (c)) Please for	el in any othe	r dioces	se/province to wh	ovince shall be eligible ich she has moved. (C form to appropriate	
Membersh	ip is paid for:						
	-	Year			Da	ate	
	President's Signature	<u> </u>			Chairperson of Orga	nization's Signature	
Member (Contact Informati		d by the men	nber)		-	
	Surname		I	First Name		Middle Name/Initial	
Unit #	Street #	Street Name, Type, Direction	PC	Box	RR & Station	City / Town	
			()				
Prov	ince / Territory	Postal Code	Telepho	ne#		Email Address	