CHANGE OF INFORMATION FORM

Complete this form if you have members who have made changes to their name or address, or for a member who wishes to transfer councils. This form should be submitted to the membership department only if changes have not been recorded on the Unpaid List, or the New & Reinstated form. The Catholic Women's League of Canada, C-702 Scotland Ave., Winnipeg, MB R3M 1X5; toll-free facsimile: (888) 831-9507; e-mail: membership@cwl.ca. Items marked with an * are optional.

OLD INFORMATION **PARISH COUNCIL:** _____ **COUNCIL CODE:** _____ **DIOCESE:** _____

SURNAME		FIRST NAME	MEMBER ID	UNIT #	STREET #	STREET NAME, TYPE, DIRECTION		
RR & STATION	**PO BOX**	**CITY/TOWN**		**PROV/TERR**		**POSTAL CODE**	**TELEPHONE # ***	**EMAIL ADDRESS ***

NEW INFORMATION **PARISH COUNCIL:** _____ **COUNCIL CODE:** _____ **DIOCESE:** _____

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X----------X----------X

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