



The Catholic Women's League of Canada

Parish Council: _____

Membership # _____

Member's Name: _____

Member's Address: _____

Joined C.W.L. in: _____

Attach

Photo

Here

Positions Held:

(Indicate the year(s) you held the position)

**** President:**

**** Past President:**

**** President Elect:**

**** Secretary:**

**** Treasurer:**

**** Spiritual Convenor:**

**** Resolution Convenor:**

**** Book of Life:**

**** Calling Committee:**

**** Sick and Visiting Committee:**

List any volunteer services:

Pins, Awards and Recognition:

(Indicate the year received if applicable)

**** Membership pin:**

****50 year pin:**

**** 5 year pin:**

****55 year pin:**

****10 year pin:**

****60 year pin:**

****15 year pin:**

****65 year pin:**

****20 year pin:**

****70 year pin:**

****25 year pin:**

****75 year pin:**

****30 year pin:**

****80 year pin:**

****35 year pin:**

****Certificate of Merit:**

****40 year pin:**

****President's Pin:**

****45 year pin:**

****Past President's Pin:**

Other recognition awards: