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; facsimile: (204) 927-2321; e-mail: membership@cwl.ca. Items marked with an * are optional.

OLD INFORM	MATION	PARISH COUNCIL:				COUNCIL CODE	: DI	OCESE:
SURNAME		FIRST NAME	MEMBER ID	UNIT#	STREET #		STREET NAME,	TYPE, DIRECTION
RR & STATION	PO BOX	CITY/TO	WN	PROV/TERR		POSTAL CODE	TELEPHONE # *	EMAIL ADDRESS *
NEW 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 *
submitted to the	e members '02 Scotlan	hip department only it	f changes have B R3M 1X5; fac	not been re	ecorded on the	Unpaid List, or the	e New & Reinstated @cwl.ca. Items ma	ransfer councils. This form should be form. The Catholic Women's League rked with an * are optional.
SURNAME		FIRST NAME	MEMBER ID			STREET NAME, TYPE, DIRECTION		
RR & STATION	PO BOX	CITY/TO	WN	PROV/TERR		POSTAL CODE	TELEPHONE # *	EMAIL ADDRESS *
NEW INFOR	MATION	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 *