

NEW & REINSTATED MEMBERS' LIST _____

Year _____

ONLY LIST MEMBERS' NAMES THAT DO NOT APPEAR ON THE COMPUTERIZED MEMBERSHIP LIST

COUNCIL NAME _____ **COUNCIL CODE** _____ **LOCATION** _____

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

Items marked with an * are optional. Member ID is for reinstated and transfer members only.

Form must be submitted with Parish Council Remittance Form.

Send to The Catholic Women's League of Canada, C-702 Scotland Ave., Winnipeg, MB R3M 1X5

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