

The Catholic Women's League of Canada Online Membership System Enrollment Form

****Councils enrolled in the online membership program will receive all communications via e-mail.****

When a new chairperson takes over membership/organization, it is necessary to find and fill out a form, inserting the relevant signatures for the transfer of authority to take place.

Name of parish council: _____

Council code: _____ **Diocese:** _____ **Province:** _____

Name of parish council president: _____

President's e-mail address: _____

Name of online administrator:
(as designated by council) _____

Membership ID number: _____

E-mail address: _____

Telephone number: _____

I understand I will have access to the confidential records of members in my council and agree to complete confidentiality of same.

I further agree to share my access information with the council president (or her designate) only. I accept all responsibility pertaining to my duties and my actions while in the role, including the misuse of data. I agree to notify the membership department promptly should I resign from this position.

Signature: _____ **Date:** _____
(online administrator)

We agree that _____
(administrator's name)
has been authorized to access our members' records online for the purpose of administering the membership.

Signature: _____ **Date:** _____
(parish council president)

Signature: _____ **Date:** _____
(membership chairperson)

Please make a copy of this form for your council records and return the original to:

**The Catholic Women's League of
Canada
C-702 Scotland Avenue
Winnipeg, MB R3M 1X5
membership@cwl.ca**