The Catholic Women's League of Canada

TELEPHONE: (204) 927-2310 EMAIL: membership@cwl.ca

PARISH COUNCIL REMITTANCE FORM FOR PER CAPITA FEES

The League's membership year runs from January 1st to December 31st. Per capita fees are due at national office by February 28th.

PARISH				_				
COUNCIL						FOR N	NATIONAL OFFICE USE ONLY	
CITY /TOWN	J				Date:			
PERSON REM	MITTING							
DOCUMENT	ATION				Batch			
TITLE					Cound	il Code:		
DIOCESE					Chequ	ie:		
TELEPHONE					Total:			
DATE								
	F MEMBERS PAYING FOR THE CURRENT YEA NOT INCLUDE YOUR SPIRITUAL ADVISOR IN						(a)	
	NATIONAL PER CAPITA FEE	x \$	25.00	PER MEMBER	=	\$	(b)	
	PROVINCIAL PER CAPITA FEE	x \$		PER MEMBER	=	\$	(c)	
	DIOCESAN PER CAPITA FEE	x \$		PER MEMBER		\$	(d)	
	тот	AL PER CAPITA FEE R	EMITTING FO	R CURRENT YEAF	۲ =	\$	(e)	
	INSURANCE		0.50	PER MEMBER	२		(f)	
ADD FEES IN	ICLUDED IN THIS REMITTANCE FOR PREVIOU	JS YEARS (include insu	ance)					
	NUMBER OF MEMBERS PAYING	x \$		PER MEMBER	=	\$	(g)	
ADD GIFT SU	JBSCRIPTION TO MAGAZINE FOR NON-MEM	IBERS (SPIRITUAL ADVIS	SORS, ETC)					
	NUMBER OF SUBSCRIPTIONS	x \$	8.00		=	\$	(h)	
		-	TOTAL REMIT	TANCE INCLUDE) =	\$	(i)	
							[Nove	ember 202