CWC Membership Application
Please complete all information

Date: _____ Parish: _____

☐ Ms. ☐ Mrs. ☐ Miss

Name: _____

Nickname: _____

Birthday (mm/dd): _____/_____

Husband's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____)_____-_____ Cell Phone: (_____)_____-_____

Work Phone: (_____)_____-_____ E-Mail address: _____

Emergency Contact Information

Full Name: _____

Phone: (_____)_____-_____

Relationship: ☐ Spouse ☐ Family Member ☐ Friend

Special Interests, hobbies, volunteer work, clubs, card groups, etc.:

_____

_____

CWC Member Sponsor: _____

(If no Sponsor, please list your Parish telephone number for verification of status)

(_____)_____-_____

_____

Signature of Prospective Member

There is no initiation fee. Annual dues: $50.00 (June 1st thru May 31st). Please include your check (made out to CWC) with this application and mail to: P. O. BOX 17635, Richmond, VA 23226. A candidate for Active Membership shall be a Catholic woman at least twenty-one years (21) of age, who has been sponsored by an Active Member. Applications are reviewed and presented at each subsequent Board.

Presented to Board by: _____

Date Approved by Board: _____