

CWC MEMBERSHIP APPLICATION

P. O. BOX 17635, Richmond, VA 23226

PLEASE COMPLETE ALL INFORMATION:

Date	Parish	
Last Name	First Name	Middle/Maiden
Ms. ___ Mrs. ___ Miss ___	Birthday (Mo/Day)	Husband's Name
Full Street Address/Apt #	City/County, State	Zip Code
Telephone No.	Cell Phone No.	E-Mail address

Special Interests, Hobbies, Volunteer Work, Clubs, Card Groups, etc.:

CWC Member Sponsor: _____

(If no Sponsor, please list 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 above address.

A candidate for Active Membership shall be a practicing Catholic woman at least twenty-one years (21) of age, who has been sponsored by an Active Member. Application for membership shall be submitted to the Membership Chairman and must be voted on at the Board of Directors Meeting. A majority vote of those present and voting at this meeting shall constitute an election of the new Member to the Club.

Presented to Board by: _____

Date Approved by Board: _____