Our Lady Queen of Martyrs Parish — Council of Catholic Women (CCW)

Membership Application Form

New ____ Renewal ____

Name: Last_____ First_____

Address: _____

City: _____ State: ____ Zip: _____

Phone: Cell _____ Home _____

Email: _____

Birthday (month/day) _____

Ways to Serve (Choose activities below in which you would like to help)

Fundraising ____	Bake Sales ____	Refreshments/Hospitality ____
Spiritual Retreat ____	Prayer Intentions ____	Prayer Shawls ____
Fashion Show ____	Hugs for Homeless ____	Social Activities ____
Membership Drive ____	Needy Families ____	Sunshine and Visits ____
Other ____	Something New ____	

Do we have your permission to list your information on our public membership list?

Yes ____ No ____

Thank you very much for joining us and serving our parish and community

Signature _____ Date _____

Dues: $20 Check #_____ Cash $_____

PLEASE RETURN APPLICATION WITH CHECK PAYABLE TO OLQM CCW OR CASH IN AN ENVELOPE TO CHURCH OFFICE OR COLLECTION BASKET.

Revised 8/30/26