SMIP CCW Membership Form

Charter of the Council Of Catholic Women (CCW):

Our purpose is to apply Catholic ideals to daily living by promoting organized and social activity for the Parish, especially the women of the Parish. All women of our Parish are invited to join us monthly. Meetings are the first Thursday of the month.

Membership Status

☐ New Member ☐ Returning Member

Member Personal Information

Name (First Last): _____

Address: _____

City/State: _____ Zip Code: _____

Preferred Phone #: _____

Is this phone # a cell phone #? **YES** or **NO** If yes, may we send you a text? **YES** or **NO**

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Relationship: _____

Birthday (Month/Date ONLY): _____

General Information

Do you consent to SMIP CCW Officers sharing the above information with other SMIP CCW Members? ☐ Yes ☐ No

Affiliations

Are you affiliated with any other SMIP Ministries/Community Organizations (*list below*)?

CCW OFFICER TO COMPLETE THE SECTION BELOW: Membership Dues

Current Membership Dues Amount: **$10.00**

☐ Cash

☐ Check - Make Payable to **SMI-CCW**

Initials: _____

Check #: _____

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