



ST. JAMES CWL, Okotoks, Alberta

MEMBERSHIP FORM

*We invite all women to journey with us in a sisterhood
of faith, fun and fellowship.*

COME JOIN US!

ID # _____

(Please Print Clearly)

Last Name: _____ **First Name:** _____

Address: _____

City/Town: _____ **Postal Code:** _____

Telephone #: _____ **Cell #:** _____

Email Address: _____

Date of Birth: _____ **Spouse:** _____

Year Joined: _____

Are you transferring from another council? Yes ____ No ____

If yes, Name of Council: _____ **Year Joined:** _____

City/Town & Province: _____ **Diocese:** _____

Additional information, if needed re transferring: _____

Special Interests or Talents: _____

If you have received any service awards or pins 10, 25, etc. and Maple Leaf Service or other, please complete:

Name of Award: _____ **Year** (if possible) _____
