



**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:** \_\_\_\_\_

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**Are you transferring from another council?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, name of council:** \_\_\_\_\_

**City/Town & Province:** \_\_\_\_\_ **Diocese:** \_\_\_\_\_

**Additional information, if needed re transferring:** \_\_\_\_\_

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**Special Interests or Talents:** \_\_\_\_\_

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If you have received any service awards or pins (i.e. 10, 25, etc., Maple Leaf Service pin) or other, please complete:

**Name of Award:** \_\_\_\_\_

**Year** (if possible)

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\_\_\_\_\_  
\_\_\_\_\_

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