

## All Saints Council of Catholic Women Membership Application 2020-2021

NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ HOMETOWN/STATE: \_\_\_\_\_

Other Church Ministries you are a member of: \_\_\_\_\_

Member of any other organizations \_\_\_\_\_

\_\_\_\_\_ I work outside the home

\_\_\_\_\_ I am retired

\_\_\_\_\_ I am home daily

### INTERESTS

\_\_\_\_\_ I like to do crafts

\_\_\_\_\_ I enjoy talking on the phone

\_\_\_\_\_ I like to bake

\_\_\_\_\_ I use email

\_\_\_\_\_ I like to do artwork

\_\_\_\_\_ I play on the computer

Other Hobbies/Interests: \_\_\_\_\_

\*\*\* \_\_\_\_\_ I need transportation to/from meetings

\*\*\* \_\_\_\_\_ I can give someone a ride to/from meetings

### I WOULD LIKE TO HELP

\_\_\_\_\_ Bake sales

\_\_\_\_\_ Day of Reflection

\_\_\_\_\_ Soliciting gifts

\_\_\_\_\_ Fundraisers

\_\_\_\_\_ Phone Committee

\_\_\_\_\_ Sunshine Committee

YEARLY DUES: \$15.00: \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW MEMBER

### I WISH TO BECOME AN:

\*\*\* ACTIVE MEMBER: \_\_\_\_\_ -(means you can attend meetings regularly & support our activities.)

\*\*\* ASSOCIATE MEMBER: \_\_\_\_\_ -(means you are homebound or cannot attend meetings regularly but are willing to support our activities and pray for the intentions of the affiliation and its members.)

Please make checks payable to ALL Saints CCW (Council of Catholic Women). Send your check and completed application to Membership Co-Chairman Jean Rawls- 4887 NW 94<sup>th</sup> Terrace, Sunrise FL 33351 OR place your check and application in an envelope and drop it in the collection basket marked All Saints CCW.