

The Catholic Women's League of Canada Online Membership System Enrollment Form

When a new chairperson takes over membership/Organization, it is necessary to find and fill out a form inserting the relevant signatures for the transfer of authority to take place.

Name of Parish Council: _____

Council Code: _____

Diocese: _____ **Province:** _____

Name of Online Administrator:
(as designated by council) _____

Telephone Number: _____

E-mail Address: _____

I understand that I will have access to the confidential records of members in my council and agree to complete confidentiality of same.

I further agree to keep my access code confidential. I will not share it with any member of my council or anyone else.

Signature: _____ **Date:** _____
(online administrator)

We agree that _____
(administrator's name)
has been authorized to access our members' records online for the purpose of administering the membership rolls.

Signature: _____ **Date:** _____
(parish council president)

Signature: _____ **Date:** _____
(membership chairperson)

Please make a copy of this form for your council records
and return the original to:

Membership Coordinator
The Catholic Women's League of Canada
C-702 Scotland Avenue
Winnipeg, MB R3M 1X5