

## CHANGE OF INFORMATION FORM

Complete this form if you have members who have made changes to their name or address, or for a member who wishes to transfer councils. This form should be submitted to the membership department only if changes have not been recorded on the Unpaid List, or the New & Reinstated form. The Catholic Women's League of Canada, C-702 Scotland Ave., Winnipeg, MB R3M 1X5; toll-free facsimile: (888) 831-9507; e-mail: [membership@cwl.ca](mailto:membership@cwl.ca). Items marked with an \* are optional.

<b>OLD INFORMATION</b>		PARISH COUNCIL: _____			COUNCIL CODE: _____		DIOCESE: _____	
SURNAME		FIRST NAME	MEMBER ID	UNIT #	STREET #	STREET NAME, TYPE, DIRECTION		
RR & STATION	PO BOX	CITY/TOWN		PROV/TERR		POSTAL CODE	TELEPHONE # *	EMAIL ADDRESS *

<b>NEW INFORMATION</b>		PARISH COUNCIL: _____			COUNCIL CODE: _____		DIOCESE: _____	
SURNAME		FIRST NAME	MEMBER ID	UNIT #	STREET #	STREET NAME, TYPE, DIRECTION		
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