THE CATHOLIC WOMEN'S LEAGUE OF CANADA MEMBER'S TRANSFER FORM

For presentation to a new parish council when a member is moving. (C & B, Article VII, Section 2). Forms should be provided to transferring members. Please do not forward these forms to national office.

From:					
Name of Council			Name of Diocese		
		Parish Address			
President			Spiritual Advisor		
This form will introduce	:				
	Jame of Member		Member ID #		
who is transferring to yo	ur council and has been a mer	nber of The Catho	olic Women's Leag	gue of Canada since	
			has served in the f	following positions:	
Year Joined	Name of Member				
	ing committees and dates. List speciage if more space is needed. Make a			er has participated in your	
<u>Office</u>			<u>Years</u>		
for nomination to office	omination to office at diocesa at diocesan/provincial level in action (b), (c)) Please forwardent.	n any other dioce	se/province to wh	ich she has moved. (C	
Membership is paid for:					
	Year		Da	te	
President's Signature			Chairperson of Organization's Signature		
Member Contact Infor	mation: (To be completed by	by the member)			
Surname		First Name	:	Middle Name/Initial	
Unit # Street #	Street Name, Type, Direction	PO Box	RR & Station	City / Town	
Province / Territory	Postal Code	Telephone #	<u> </u>	Email Address	