

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

**\*\*Councils enrolled in the online membership program will receive all communications via e-mail.\*\***

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 parish council president:** \_\_\_\_\_

**President's e-mail address:** \_\_\_\_\_

**Name of online administrator:**  
(as designated by council) \_\_\_\_\_

**Membership ID number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

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

**I further agree to share my access information with the council president (or her designate) only. I accept all responsibility pertaining to my duties and my actions while in the role, including the misuse of data. I agree to notify the membership department promptly should I resign from this position.**

**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.**

**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:

**The Catholic Women's League of  
Canada  
C-702 Scotland Avenue  
Winnipeg, MB R3M 1X5  
membership@cwl.ca**