



# Change of Parish Council Executive Form



Return form to:  
The Catholic Women's League of Canada  
C-702 Scotland Ave.  
Winnipeg, MB R3M 1X5  
[info@cwl.ca](mailto:info@cwl.ca)

**Name of Parish Council:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Council Code:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Term of Office:** \_\_\_\_\_

**Name of Person Submitting Form:** \_\_\_\_\_

**Position of Person Submitting Form:** \_\_\_\_\_

## Outgoing President

## New President

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Membership ID #: \_\_\_\_\_ Membership ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Outgoing Treasurer

## New Treasurer

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Membership ID #: \_\_\_\_\_ Membership ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_



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## Outgoing Secretary

Name: \_\_\_\_\_

Membership ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

## New Secretary

Name: \_\_\_\_\_

Membership ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Outgoing Spiritual Advisor

Name: \_\_\_\_\_

Membership ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

## New Spiritual Advisor

Name: \_\_\_\_\_

Membership ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_