Council of Catholic Women
Membership Form
stjosephccworlando.org

Last Name_____ First Name_____

Address _____

City _____ State _____ Zip (9 digits)_____

Home Phone _____ Cell Phone _____

E-Mail _____ Birthday (Month/Day) _____

Special Talents and Interests:

Ways to open your heart and lend a hand (please visit our website for more information about Commissions / Committees and projects)

_____ Leadership Commission	_____ Legislative Advocacy Committee	_____ Service Commission
_____ Spirituality Commission	_____ Historian/Scrapbook	_____ Website
_____ Backpack Drive	_____ All Souls Day Candle Sales	_____ Pet Blessing
_____ Trunk or Treat	_____ Angel Tree	_____ Stations of the Cross
_____ Crowning of Mary	_____ Culture of Life	_____ Advocacy

____ Other: _____

Are you involved in other Parish Ministries? Please list:

_____

_____

Speakers: Please indicate any topics, area of expertise, spiritual, or professional ways you can enrich our members by speaking at a meeting _____

_____

Emergency Contact full name and relationship: _____

Emergency Contact cell phone # _____ **(in case of emergencies during our meetings)**

Annual Dues ($25.00) – Due by September 15th of each calendar year.

Please make check payable to:

St. Joseph Catholic Church with for CCW in the memo line

Please mail completed form to:
Nan Parratto-Wagner
14349 Chinese Elm Drive
Orlando, FL 32828-4836

Treasurer:
Paid By: Check #_____ Cash _____ New Member_____ Renewal _____
Date Received _____ Amount Paid _____ Intl. _____