

## WCCW MEMBERSHIP APPLICATION

\_\_\_\_\_ INDIVIDUAL MEMBERSHIP - \$20

Benefits: One vote at the WCCW Convention

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Group Membership Benefits: One voting delegate at the WCCW Convention

\_\_\_\_\_ MISSION - \$25

\_\_\_\_\_ PARISH - \$100

\_\_\_\_\_ DEANERY - \$100

Group Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

PLEASE USE THIS FORM FOR ALL MEMBERSHIPS!

**DUE 1/21/2016**

Make checks payable to: Wyoming Council of Catholic Women (WCCW)

Mail to: Marge Collins, WCCW Treasurer, 1620 West 2<sup>nd</sup> Street – Lot 96, Rock Springs, WY 82901