Catholic Woman's Club

of Pierce County

Application for Membership

Name: _____ Home Ph: _____

Cell Phone: _____ Email: _____

Maiden Name: _____ Occupation: _____

Husbands Name: _____ Occupation: _____

Address: _____ City & Zip: _____

Parish: _____ Birthdate: _____

# of Kids: _____ Ages: _____

Education: _____

Interests: _____

Catholic organization(s) to which she belongs: _____

_____

Other Clubs or Boards in which she is active: _____

_____

Please circle answers below

Will she attend meetings -at least five each year unless excused?	Yes	No
Will she work on committees?	Yes	No
Will she financially support club projects and activities?	Yes	No

Comments: _____

_____

_____

Sponsored by:

1. _____

2. _____

Date: _____

Month Day Year