Catholic Woman's Club

of Pierce County

Membership Reinstatement Form

Name: _____ Home Ph: _____

Cell Phone: _____ Email: _____

Address: _____ City & Zip: _____

Parish: _____ Birthdate: _____

Membership Class at time of resignation: _____
(i.e., Active, Associate, Part-Time Active, On-Leave or Non-resident)

Member in Good Standing at time of resignation: YES or NO

Number of Years in Club prior to resignation: _____

Membership Class requested upon reinstatement: _____
(i.e., Active, Associate, Part-Time Active, On-Leave or Non-resident)

Reason (s) for Resignation: _____

_____

Reason (s) for Reinstatement: _____

_____

Signature: _____ Date: _____

Please return completed form to the CWC Membership Chair

MEMBERSHIP USE ONLY

Board Approval? Yes or No

Date: _____

Reinstatement effective date: _____