



St. Albert the Great CWL  
Membership Registration

<b>NAME:</b> <b>CWL ID#:</b>
<b>ADDRESS:</b> Street: City, Prov: Postal Code:
<b>PHONE NUMBER:</b> Home: Cell: Email:
<b>TRANSFER</b> (include CWL#):
<b>BIRTH DATE</b> (day / month):
<b>SPECIAL INTERESTS:</b>
<b>DUES: \$45.00</b> <b>Date:</b> _____ <input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>CHEQUE</b> (make payable to <i>St. Albert the Great CWL</i> ) <input type="checkbox"/> <b>E-Transfer</b> - (send to <i>satgcwl@gmail.com</i> )
<b>Please select one:</b>  Yes, I agree to have my picture posted on St. Albert the Great Facebook and website  No, I do not wish to have my pictures posted anywhere
<b>Office Fill Out Only:</b> <input type="checkbox"/> <b>New Member</b> <input type="checkbox"/> <b>Renewal</b>