



St. Albert the Great CWL
Membership Registration

NAME: CWL ID#:
ADDRESS: Street: City, Prov: Postal Code:
PHONE NUMBER: Home: Cell: Email:
TRANSFER (include CWL#):
BIRTH DATE (day / month):
SPECIAL INTERESTS: Which Pillars of Faith interest You? Faith Service Social Justice
DUES: \$45.00 Date: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE (make payable to <i>St. Albert the Great CWL</i>) <input type="checkbox"/> E-Transfer - (send to <i>satgcwl@gmail.com</i>)
Please select one: 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
Office Fill Out Only: <input type="checkbox"/> New Member <input type="checkbox"/> Renewal