

WILDWOOD, FL

EST. 1920



**MEMBERSHIP STATUS**

NEW MEMBER

RETURNING MEMBER

DATE:

*St. Vincent de Paul Catholic Church*

**COUNCIL OF CATHOLIC WOMEN**

This is an online fillable form for you to complete and print. Membership fee is \$15. **DO NOT MAIL CASH!** Either bring this form with payment to the parish office or mail in this form along with a check made payable to

Saint Vincent de Paul Church - CCW and send to:

*St. Vincent de Paul Church Attn: CCW Leadership Commission*

*5323 East County Road 462, Wildwood, FL 34785*

**FULL NAME:**

**NICKNAME:**

**FL ADDRESS:**

**CITY/STATE/ZIP:**

**VILLAGE/DEVELOPMENT:**

**TELEPHONE (HOME):**

**TELEPHONE (CELL):**

**EMAIL ADDRESS:**

**BIRTHDAY:**

**(MONTH/DAY ONLY)**

**READ CAREFULLY:**

I give permission for the following personal information to be included in a document published electronically and/or distributed in hard copy to St. Vincent de Paul CCW members only.