

PAID: _____

DATE: _____

St. Vincent de Paul Council of Catholic Women Membership Form

>>>>PLEASE PRINT<<<<<

Full Name	
Nickname	
FL Address	
FL City	
Village/Development	
Telephone (Home)	
Telephone (Cell)	
E-mail address	
Birth date (month/year)	
Permanent or Seasonal?	

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 our St. Vincent de Paul CCW members.

CIRCLE Yes or No for each item

Address	Yes	No
Village or Development	Yes	No
Home Phone Number	Yes	No
Cell Phone Number	Yes	No
Email Address	Yes	No
Birth Month & Day	Yes	No