

The Christian Women of St. Lawrence Parish

~MEMBERSHIP FORM~

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

I do not use email, please contact via regular mail, phone, bulletins

Birthday Month: _____ Day: _____

Check One: New member
 Registered member

Spouse's Name: _____

Spouse's Contact #: _____

Please give the completed form to any CWG Officer, or mail to:

St. Lawrence Christian Women's Group
4886 State Road 175
Hartford, WI 53027