



INVITATION FOR MEMBERSHIP

Date _____

Name (Miss Mrs. Ms.) _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ Alternate Phone (_____) _____

Email _____

Birthday: Month _____ Day _____ Year (opt) _____

Activities and other interests:

Please submit completed invitation and current dues of \$20.00 to the CCW President.

Please make check payable to Christ the King Council of Catholic Women.

Scholarships are available

Christ the King Council of Catholic Women

742 Arlington Road • Jacksonville, FL 32211 • Rectory 904.724.0080 • www.stadccw.com