

ST. HELEN COUNCIL OF CATHOLIC WOMEN

VERO BEACH, FL

Name _____

Address _____

Phone (home) _____

Phone (cell) _____

Birthday Month and Day _____

Email address _____

Dues Paid (\$15 made payable to St. Helen CCW, note for dues) _____

New Member _____ Returning Member _____

PLEASE CHECK YOUR AREAS OF INTEREST BELOW

- | | |
|---|--|
| <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Parish Events |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Card Parties/Luncheons |
| <input type="checkbox"/> Service | <input type="checkbox"/> Raffles |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Fashion Show |
| <input type="checkbox"/> Refreshments | <input type="checkbox"/> Publicity - Photography |

Are there any talents you have that you would like to share with CCW?

Would you consider becoming an officer of the CCW? _____

Please return the completed form with your check to
Pat Tressler, 1046 Sun Villa Drive, Vero Beach, FL 32960