

HOLY CROSS WOMEN'S GUILD

New Member Application

PLEASE PRINT Date _____

NAME _____

ADDRESS _____

CITY _____ Zip Code _____

TELEPHONE: Home: _____ Mobile: _____

E-MAIL _____

Rest assured that we will not send you any emails other than those regarding Guild business.

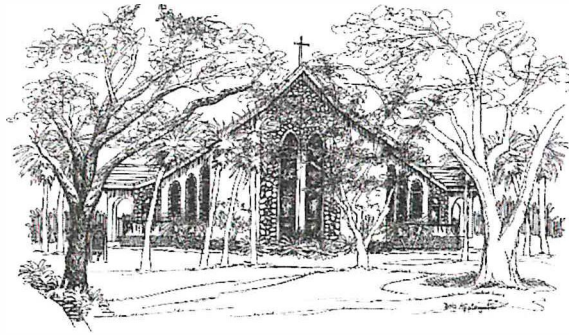
Membership:

New Member _____ Cash _____ Member List _____

Renewal _____ Check # _____ Computer ___ / ___ / ___ /

Received by _____ Date _____ Note _____





HOLY CROSS WOMEN'S GUILD VOLUNTEER/FEEDBACK FORM

The Holy Cross Women's Guild provides an opportunity for women of the parish to come together spiritually and socially, to support parish endeavors, and to participate in community service projects. In order to meet these objectives, we appreciate your feedback, your ideas as well as your willingness to help with events and to perhaps serve on committees.

- **What types of programs and/or events are of interest to you?**
- **What constructive suggestions do you have to improve Guild functions or operations?**
- **Would you be willing to volunteer to serve on any of the following committees:**

Community Service
 Membership
 Spirituality

Hospitality
 Publicity
 Welcoming

- **Would you be willing to volunteer to help with and youf the following meetings/events:**

General Meetings/Events (monthly)

<input type="checkbox"/> Advent Dinner	<input type="checkbox"/> Morning of Reflection
<input type="checkbox"/> Card and Game Party	<input type="checkbox"/> Easter Baskets
<input type="checkbox"/> Fashion Show/Tea	<input type="checkbox"/> Easter Egg Hunt
<input type="checkbox"/> Christmas Luncheon	<input type="checkbox"/> Wine, Cheese, and Painting
<input type="checkbox"/> Communion Breakfast	<input type="checkbox"/> Museum Trip

NAME _____ Phone Number _____

Email Address _____



Holy Cross Women's Guild