

HCWG Member Application**October 2024 – June 2025****\$25 payable to Holy Cross Women's Guild****PLEASE PRINT****DATE:**

| | |
|----------------------------|--------------------------------|
| First Name | Last Name |
| Street Address | City/Zip Code |
| Home Phone (if applicable) | Cell Phone |
| Email | |
| Parish Affiliation | Summer Address (if applicable) |

To be completed by Membership Chair

| | | | |
|------------|-----------|---------|----------|
| New Member | Paid Cash | Check # | Computer |
| Renewal | Paid Cash | Check # | Computer |
| | | | |

| | | |
|-------------|------|------------------|
| Received by | Date | Additional Notes |
| | | |

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