

**HCWG Member Application****October 2025 – June 2026****\$25 payable to Holy Cross Women's Guild**

PLEASE PRINT LEGIBLY

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 or HCWG Representative**

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

Received by	Date	Additional Notes

