

**NATIONAL COUNCIL OF CATHOLIC WOMEN  
COUNCIL OF CATHOLIC WOMEN  
ARCHDIOCESE OF DETROIT**

**PARISH AFFILIATE DUES STATEMENT**

Dues for the year January 1, 2008 – December 31, 2008- -Total dues: **\$105.00.**

**PLEASE PRINT OR TYPE**

**Parish Name:** \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

**Name of CCW/AD Representative:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Term Ending: \_\_\_\_\_

**Name of Organization President:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Term Ending: \_\_\_\_\_

Usual Meeting Day & Time: \_\_\_\_\_

Name of CCW/AD Area: \_\_\_\_\_

**\*\*SOMETHING NEW: NUMBER OF MEMBERS IN ORGANIZATION** \_\_\_\_\_

**TOTAL HOURS OF VOLUNTEER TIME:** \_\_\_\_\_

Please make a check for **\$105.00** payable to:  
**Council of Catholic Women/Archdiocese of Detroit**

**Please print or type the above information completely so we can update our database.** Please remit this form along with your check to:

Council of Catholic Women/AD  
305 Michigan Avenue  
Detroit, MI 48226

<b>Office Use Only</b>
Ck # -
Ck Amt -
Ck Date -
Ack Date -

CC: Representatives & Presidents