

NCCW AFFILIATION CONTACT INFORMATION

Please complete and return to: **NCCW Office, 200 North Glebe Road, Suite 703, Arlington, VA 22203**

From _____ (Title) _____

Full name of council affiliate _____

NAMES AND ADDRESSES FOR NCCW MEMBER DATABASE

Fill in complete **name and address including zip code, phone number and e-mail address** for each person. [NOTE: Only A/DCCW presidents and moderators, Subdivision/Deanery and Local Parish affiliate presidents receive **Catholic Woman** as the designated representatives of their member affiliate.]

President _____ address _____

city, state, zip _____ phone # _____ e-mail _____

Spiritual Moderator _____ address _____

city, state, zip _____ phone # _____ email _____

In order to maintain accurate information about each affiliate member, please provide contact information for additional officers listed below. [NOTE: If these officers wish to receive **Catholic Woman** magazine, they must be current individual members.]

Treasurer _____ address _____

city, state, zip _____ phone # _____ e-mail _____

Commission Chairs:

Spirituality _____ address _____

(Formerly CC & LC)

city, state, zip _____ phone # _____ e-mail _____

Leadership: _____ address _____

(Formerly OC)

city, state, zip _____ phone # _____ e-mail _____

Service: _____ address _____

(Formerly, FCC, CCC, ICC)

city, state, zip _____ phone # _____ e-mail _____

NCCW Office use only: _____ **Date received** _____