

Seven Sorrows  
Council of Catholic Women  
Registration Form

We welcome you to join our ministry by completing this form and  
attaching your yearly dues of \$5.00 payable to  
Seven Sorrows CCW.

Please Print Clearly

Name: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

Birthday: \_\_\_\_\_

You may place this envelope in the collection basket at Mass or  
drop off at the Rectory.