



Dayton Catholic Women's Club
www.daytoncatholicwomensclub.org
 Membership Application Form

NAME _____ SPOUSE _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PARISH _____

PHONE _____ CELL _____

EMAIL _____

NEW MEMBER _____ RENEWING MEMBER _____ *Check Here _____ if info has changed*

DCWC Annual Membership Dues: January 1, 20_____ to December 31, 20_____

Annual Membership \$25.00

Madonna Plan Donation (Optional) 1.00

\$26.00

OR

Lifetime Membership \$175.00

Make your check payable to:

Dayton Catholic Women's Club

Mail this Form and your Check to:

**Dayton Catholic Women's Club
 Membership
 P.O. Box 1677
 Dayton, OH 45401**



Thank you for supporting the DCWC Mission!