MEMBERSHIP RENEWAL FORM

**SAN MARCO COUNCIL OF CATHOLIC WOMEN**

**Fiscal Year: October 2025 through May 2026**

**Membership Dues for 2025-2026** are due and payable upon receipt of this application. Please submit this renewal form along with your check made payable to **San Marco CCW** in the amount of $25 and return it before October 1, 2025 to have your name appear in this year’s directory.

 Mail to: Teresa Perkins

C/O San Marco Council of Catholic Women

 288 N. Barfield Dr.

 Marco Island, FL 34145

 Attention: Membership

Membership Meetings are held on the 2nd Thursday of each month. We meet in the parish center at 8:45 a.m. for Registration and Continental breakfast. At 9:00 a.m. the program will begin.

——————————————————————————————————————————- (Please return lower portion)

Please PRINT and include this form along with your check of $25.00. Be sure to indicate “Membership Dues” in the Memo section of the check. The check can be dropped off at the Parish Office, too. Thank you.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Full time resident ❒ Seasonal resident From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **(Please provide us your e-mail address, as this is our first source to contact you. Thank you.)**

Do we have your permission to use your email for CCW communications? ❒ Yes ❒ No

Do we have your permission to add your email in the CCW directory? ❒ Yes ❒ No

Do we have your permission to add your photo in the CCW directory? ❒ Yes ❒ No

**At no time, will your email be shared with anyone or published beyond the directory.**

MARCO:

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS THIS A CHANGE IN YOUR ADDRESS OR PHONE? \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_NO**

**NORTHERN:**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Northern Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS THIS A CHANGE IN YOUR ADDRESS OR PHONE? \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_NO**

❒ I wish to have my name removed from the CCW Membership at this time. Reason for removal: