



## UKRAINIAN CATHOLIC WOMEN'S LEAGUE OF CANADA

### MEMBERSHIP TRANSFER

Name .....

Address .....

..... Postal Code .....

Phone .....

Please be informed that the above named member has paid her dues for a total of ..... years

at .....(Branch)

at .....(place).

Year joined present Branch .....

Transfer of membership is from Branch .....to

Branch .....

The member has held the following position(s):.....

.....

.....

Additional Comments: .....

.....

.....

Date: .....

Signature of Branch President