



Archdiocesan Council of Catholic Women

PARISH ROSTER SHEET

Please print and return promptly to:

ACCW
 3525 S. Lake Park Ave.
 Chicago, IL. 60653-1402
 Fax 312.534.8118
 accwchicago@yahoo.com

Vicariate:	Deanery:
NCCW #	Term Ending:
Total Membership #	

Parish Name: _____

Pastor's Name: _____

Address: _____		City: _____
Zip Code: _____	Tel: _____	Fax: _____

Organization Name: _____

Spiritual Advisor's Name: _____

OFFICERS

President

Name: _____

Address: _____

City/Zip: _____

Tel: _____	Fax: _____
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Email: _____

Vice-President

Name: _____

Address: _____

City/Zip: _____

Tel: _____	Fax: _____
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Email: _____

Corresponding Secretary

Name: _____

Address: _____

City/Zip: _____

Tel: _____	Fax: _____
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Email: _____

Treasurer

Name: _____

Address: _____

City/Zip: _____

Tel: _____	Fax: _____
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Email: _____

Recording Secretary

Name:

Address:

City/Zip:

Tel:	Fax:
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Email:

ACCW Rep

Name:

Address:

City/Zip:

Tel:	Fax:
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Email:

Spirituality Commission

Chair Name:

Address:

City/Zip:

Tel:	Fax:
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Email:

Leadership Commission

Chair Name:

Address:

City/Zip:

Tel:	Fax:
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Email:

Service Commission

Chair Name:

Address:

City/Zip:

Tel:	Fax:
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Email:

Do your members attend?

- | | |
|---|---|
| <input type="checkbox"/> ACCW Fall Assembly Luncheon | <input type="checkbox"/> Woman of the Year/Distinction Luncheon |
| <input type="checkbox"/> Christian Unity Prayer Breakfast | <input type="checkbox"/> ACCW/ELCA Day of Dialogue and Prayer |
| <input type="checkbox"/> ACCW Fundraiser | <input type="checkbox"/> ACCW Commission/Committee Day |

Please list additional Fax or Email of officers if available. Also, please list any additional committees on a separate sheet.

Office Only