

**La Crosse Diocesan Council of Catholic
Women Roster Update**
www.ldccw.org

Deanery update? Yes ___ No ___
If yes, name of Deanery: _____
Parish update? Yes ___ No ___
If yes, name of Parish _____
NCCW # _____

Pastor/Dean _____
Address _____
City/Zip _____
Phone _____
Email _____

President
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

Vice President
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

Secretary
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

Treasurer
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

****Please complete with any change of officers or commissioners. Sent on** _____

Spirituality Commission (Church & Legislation)
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

Leadership Commission (Organization)
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

Service Commission (Family, Community & International)
Name _____
Address _____
City/Zip _____
Phone _____
Email _____
Term of office _____ to _____

Please list names of those who are leaving office or commission.

Mail one copy to LDCCW President who will also pass on to NCCW to update files:
Susan Tully
S6634 County Road J
Viroqua, WI 54665 or
tully.susan@outlook.com

Mail one copy to your Deanery President _____