



Canadian Federation of University Women White Rock / Surrey

(a member of Graduate Women International)

PO Box 75039

Surrey, BC V4A 0B1

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APPLICATION FOR MEMBERSHIP

(Please PRINT clearly)

Surname:	Given Names: (<u>underline preferred name</u>)													
Previous Surname(s): (where applicable)														
Address:														
City	Province	Postal Code												
Telephone (Home)	Telephone (Mobile) (circle preferred number)	E-mail												
Career Information:														
Signature:		Date:												
Fees: \$100.00	Payment by: Cheque <input type="checkbox"/>	Cash <input type="checkbox"/>												
(payable to: CFUW White Rock / Surrey)														
<p>Although not obligatory, our club encourages new members to join a committee and/or an interest group immediately upon joining in order to enhance the positive experience of membership.</p> <p>Check any of the following Committees that you may wish to join:</p> <p style="text-align: center;">Membership _____ Program _____ Finance _____</p> <p>Check any of the following Interest Groups that you may wish to join:</p> <table style="width: 100%; border: none;"> <tr> <td>___ Book Group (Afternoon)</td> <td>___ Book Group (Evening)</td> <td>___ Dames Who Dine</td> <td>___ Stitch and Chat</td> </tr> <tr> <td>___ Bridge</td> <td>___ Symphony</td> <td>___ Club Cuisine</td> <td>___ Golf for Fun</td> </tr> <tr> <td>___ French Conversation</td> <td>___ Art Appreciation</td> <td>___ Matinee & Dinner</td> <td>___ Travel</td> </tr> </table> <p>I am involved in the following: (other community organizations/volunteer groups/hobbies).</p> <p>I have special skills and abilities I'd like to share (i.e. computer, desktop publication, organization).</p>			___ Book Group (Afternoon)	___ Book Group (Evening)	___ Dames Who Dine	___ Stitch and Chat	___ Bridge	___ Symphony	___ Club Cuisine	___ Golf for Fun	___ French Conversation	___ Art Appreciation	___ Matinee & Dinner	___ Travel
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<p>To Be Completed by All Applicants. Please note: To comply with the provincial Personal Privacy Information Protection Act, I give permission for the above information to be included in CFUW Club publications and to give CFUW permission to publish in the club newsletter or any other club communication such as a photograph taken of me participating in a CFUW function (the club newsletter being for CFUW official distribution only).</p> <p style="text-align: right;">Yes ___ No ___</p> <p>I permit e-mails to be sent to me from the club and interest groups. Yes ___ No ___</p> <p>Signature: _____</p>														
OFFICE USE ONLY:	Date Received: _____	Cheque to Treasurer _____												