

Canadian Federation of University Women White Rock / Surrey

(a member of Graduate Women International)
PO Box 75039
Surrey, BC V4A OB1



www.cfuwwhiterocksurrey.com (email) cfuw.wr.s@gmail.com

APPLICATION FOR MEMBERSHIP

(Please PRINT clearly)

(
Surname:	Given Names: (underline preferred name)	
Previous Surname(s): (where applicable)		
Address:		
City Prov	ince	Postal Code
Telephone (Home) Teleph	one (Other) E-mail	
Certificates/Diplomas/Degrees:		
Institution(s):		
Career Information:		
Signature: Date:		
Fees: \$100.00	Payment by: Cheque (payable to: CFUW White Rock / Surrey)	Cash
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.		
Check any of the following Committees that you		
Membership Program		g Finance
Check any of the following Interest Groups that you may wish to join:		
	k Group (Evening) Dames Who Dine	
Bridge Sym	nphony Club Cuisine	Golf for Fun
French Conversation Art /	Appreciation Walk and Coffee	Matinee & Dinner
I am involved in the following: (other community organizations/volunteer groups/hobbies).		
I have special skills and abilities I'd like to share (i.e. computer, desktop publication, organization).		
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). Yes No I permit e-mails to be sent to me from the club and interest groups. Yes No Signature:		
OFFICE USE ONLY: Date Received: Cheque to Treasurer		