



CFUW Guelph Membership Application Form 2011/12

www.cfuwguelph.on.ca

ADDRESS

Surname:

First:

Preferred name, if different:
(For Membership Directory)

City/Twnshp:

Prov: P.Code:

Home Phone:

Bus: Ext:

Fax:

Cell:

E-Mail

I have e-mail but prefer a printed newsletter. \$10 fee**

I do not have access to the Internet

Education	Name of Post Secondary Institute	Degree/Dipl.	Year	Major/Discipline
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBERSHIP RECORD

New / Continuing / Returning / Life
(Circle one)

Number of years to date you have belonged to CFUW

Other CFUW clubs

Experience

Please list and/or update areas of interest and expertise (may be work experience, boards, volunteer or community involvement.)

If there are topics on which you would speak, please list here:

MEMBERSHIP DUES

* Regular \$ 110.00 _____

* Dual \$ 44.50 _____

Student \$ 30.50 _____

Preferred Printed Newsletter Fee ** \$ 10.00 _____

Additional donation to Scholarship Fund _____

\$100 \$50 \$35 Other

Tax receipts automatically given for donations of \$10 or over

* Dues include \$10 for the Scholarship Fund

Total Amount _____

Send form and cheque, payable to CFUW Guelph, to the Membership Services Chair:

ELAINE KOOPMANS
4586 Sideroad 10 N
GUELPH, ON N1H 6J3

Membership must be paid by AUGUST 31 to be included in the Membership Directory and to be a member in good standing. Article 1.4 of the Bylaws says: "Only members in good standing are eligible to join Club Interest Groups."

Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I support the principles of CFUW. I consent to the use of my personal information gathered here for the purposes described in CFUW Guelph's privacy policy. I consent to the publication of my image (if photographed) in the club newsletter or website.

Signed _____ Date _____