

Membership Application 2019-20

Membership in CFUW is open to all women who support our aims. A university degree is not required.

| | | | | | |
|---|---|--|--------------|--|--|
| PLEASE PRINT CLEARLY and mail ASAP to our membership convenor, Patricia Aziz | | | | | |
| Name: (Last) | | (First) | | (Nee) | |
| Are you a returning member? <input type="checkbox"/> | | If so, please consult the 2018-19 directory and enter any changes below. | | | |
| Address: | | | | | |
| City | | | Postal Code: | | |
| Home Phone: | | | Cell Phone: | | |
| Email: | | | | | |
| UNIVERSITIES/POST SECONDARY INSTITUTIONS ATTENDED | | | | | |
| <input type="checkbox"/> Do not print my degrees in directory | | | | | |
| MEMBERSHIP FEES AND CHARITABLE DONATIONS | | | | | |
| (Membership fee includes an electronic subscription to the Club's newsletter and \$15 for the Scholarship Fund) | | | | | |
| | REGULAR MEMBER New, continuing or returning member (If joining as a new member after March 1, 2020, membership fees will be applied to the following year) | \$135.00 | \$ | Mail completed form and cheque or bring them to the September General Meeting. <p style="text-align: center;">Patricia Aziz Membership Convenor 2004 Roy Ivor Cres., Mississauga, L5L 3N8</p> Please make your cheque payable to: <p style="text-align: center;">CFUW Mississauga.</p> NOTE: Fees are payable by September 30 for inclusion in the 2019-20 directory <i>Tax receipts will be issued for all donations to the scholarship fund.</i> | |
| | DUAL MEMBER (If Mississauga in NOT your primary club) CFUW _____ is my primary club | \$48.50 | \$ | | |
| | QUALIFYING MEMBER BORN IN 1934 OR EARLIER Born in 1934 or earlier AND were members in 2004 | \$130.00 | \$ | | |
| | STUDENT MEMBER | \$60.00 | \$ | | |
| | NEWSLETTER DELIVERY by Canada Post | \$20.00 | \$ | | |
| | DIRECTORY DELIVERY by Canada Post | \$4.00 | \$ | | |
| | OPTIONAL DONATION TO SCHOLARSHIP FUND (tax receipt will be issued) | | \$ | | |
| | TOTAL AMOUNT DUE | | \$ | | |

**Please complete both sides of the application form.
You must sign the back of this form for your membership to be processed.**

NAME: _____ **Email:** _____

Phone: _____

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Committee Involvement
We encourage all members to participate in at least one Committee.
Please indicate where you have an interest

| | | | | | | | |
|---|--------------------------|-------------|--------------------------|--|--------------------------|--|--|
| Your involvement: Committee Chair <input type="checkbox"/> | | | | Member <input type="checkbox"/> | | Other <input type="checkbox"/> | |
| Scholarship | <input type="checkbox"/> | Hospitality | <input type="checkbox"/> | Welcoming | <input type="checkbox"/> | Issues | |
| Programme | <input type="checkbox"/> | Membership | <input type="checkbox"/> | Fund Raising | <input type="checkbox"/> | • Ontario Council <input type="checkbox"/> | |
| Nominating committee | <input type="checkbox"/> | Mentoring | <input type="checkbox"/> | Archives | <input type="checkbox"/> | • Resolutions/Legislation <input type="checkbox"/> | |
| Publicity | <input type="checkbox"/> | Web page | <input type="checkbox"/> | Newsletter | <input type="checkbox"/> | • Status of Women <input type="checkbox"/> | |
| | | | | | | • Education <input type="checkbox"/> | |

Executive
Would you consider running for election for any of these positions?

| | | | |
|--|--------------------------|-----------|--------------------------|
| Vice-President (continues to President and Past President) | <input type="checkbox"/> | Secretary | <input type="checkbox"/> |
| Membership | <input type="checkbox"/> | Treasurer | <input type="checkbox"/> |

Other Information

Skills, Personal, and Professional interests:

I can drive another member to a meeting. I need a ride:
Postal Code/area:

Current/recent volunteer/board experience with community groups/agencies:

Willing to mentor a Club member with this community group/agency:

New members: How did you hear about CFUW Mississauga?

Confidentiality: This information will be used by CFUW Mississauga for the sole purpose of creating a membership directory and data base for the personal use of CFUW Mississauga members. It will not be sold, loaned, or provided in any way to any other individual or organization.

I support the principles of CFUW and consent to the use of my personal information gathered here for the purposes listed above. I consent to the publication of my image (if photographed) in the Club newsletter, on the Club web site, or on our Club's social media channels (Facebook). If you do not want you image used, please contact our membership convenor at paziz77@gmail.com

I understand that I may attend interest group activities when my membership dues for the 2019-20 year are paid in full.

Signature: _____

Date: _____