



CFUW-OTTAWA CLUB

2022-2023 MEMBERSHIP REGISTRATION FORM

COME JOIN US! We have something for every woman.

PERSONAL DATA:

Salutation: _____ First Name: _____ Last Name: _____
(Optional)

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: Home: (____) _____ Cell:(____) _____ Work: (____) _____

Email: _____

MEMBERSHIP (Please check one):

- | | | |
|----------------------------------|--|----------|
| <input type="checkbox"/> Full | Regular membership | \$125.00 |
| <input type="checkbox"/> Student | Full-time student: School: _____ | \$ 50.00 |
| <input type="checkbox"/> Dual | Other CFUW club to which you pay dues: _____ | \$ 40.00 |

FEES & DONATIONS

Membership Fee (as selected above) \$ _____

Printed Membership Directory (\$10) \$ _____

(Optional -- the electronic version of the Membership Directory is available online at no charge)

Printed copy of the Capital Carillon Newsletter mailed seven times a year (\$15) \$ _____

(Optional -- the electronic version of the Capital Carillon is available online in colour at no charge)

Scholarship Trust Fund Donation: \$ _____

(Optional -- Tax Receipts issued for donations greater than \$20, for more info refer to CFUW-Ottawa.org)

Business card advertising in the Printed Directory and on the Website (\$50) \$ _____

Total \$ _____

*Please remit by: 1) cheque payable to **CFUW-Ottawa**, 2) eTransfer, payable to treasurer@cfuw-ottawa.org, which directs payment to Canadian Federation of University Women-Ottawa Club (CFUW Ottawa) or 3) PayPal by renewing online.*

MEMBERSHIP STATUS (Please check appropriate area):

Renewing member

Returning member (member in previous years, but not in 2021-22)

New member - Are you new to the Ottawa area? Yes No

Do you live outside the Ottawa area? Yes No

How did you hear about us?

CFUW member

CFUW-Ottawa website

Social Media (eg Facebook)

Community Paper

Ottawa Citizen: Ad

Ottawa Citizen *Our Town*

TV/Radio

Other: _____

EDUCATION / TRAINING (optional)

University/College/School & Location: _____

Degree/Certificate: _____ Year Completed: _____

University/College/School & Location: _____

Degree/Certificate: _____ Year Completed: _____

University/College/School & Location: _____

Degree/Certificate: _____ Year Completed: _____

WORK EXPERIENCE (optional)

Occupation(s)/ Former occupation(s) if retired: _____ Retired (check here):

VOLUNTEER TEAMS

There are lots of opportunities for our members to volunteer. If you think you might like to volunteer at some point, either now or in the future, for a couple of hours or for a lot more, we'd love your help (as we are a 100% volunteer-based club). Let us know which Volunteer Team(s) you might be interested in:

- Advocacy and Issues Team
- Budget Team
- Holiday Party Team
- Interest Groups Team
- Membership Team
- Operations & Hospitality Team
- Nominations Team
- Program Team
- Social Media / Communications Team
- The Capital Carillon Newsletter Team
- Website Team
- Zoom Team

DISCLAIMER: *You have agreed that all club events and activities that you attend will be at your own risk. Please check one box (required)* Yes No

Signature: _____

IMPORTANT: Please mail your completed registration form and cheque (and business card, if applicable) to:

Last name: A-K Carol Hinde
77 Wayling Avenue
Ottawa, ON K1L 6A5

Last name: L-Z Christine Rollo
12 Saginaw Crescent
Nepean, ON K2E 5N6

(Note: Your cancelled cheque, eTransfer or PayPal confirmation is your receipt.)