

Membership in CFUW is open to all women who support our mission.

OFFICE USE ONLY	
<b>FORM</b>	
<b>CHQ / ET</b>	
<b>KEY'd</b>	

**To submit your application by email**, please **download and save** the document under your name. Fill in all sections, save the completed form, and email to: [membership@cfuwetobicoke.ca](mailto:membership@cfuwetobicoke.ca)  
**Printed applications, and cheques** can be mailed to the Membership Chair at the address below.

Contact Information		<i>(If handwritten, please use BLOCK letters.)</i>											
LAST NAME: _____	FIRST NAME(S): _____												
ADDRESS: _____													
CITY: _____	PROVINCE: _____	POSTAL CODE: _____											
PRIMARY PHONE to appear in Roster: _____		EMAIL: _____											
How did you hear about CFUW Etobicoke? _____													
Have you ever been a member of another CFUW club? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, number of years as a member of another CFUW club: _____ years	Total number of years as a member of ANY CFUW club, excluding any years absent: _____ years											
Membership Dues (please <input checked="" type="checkbox"/> all that apply)													
<input type="checkbox"/> <b>REGULAR MEMBER or DUAL MEMBER</b> with Etobicoke as primary club: <b>\$116.00</b>	\$ _____	<b>TO SUBMIT YOUR APPLICATION:</b> <b>Mail to:</b> Membership Chair CFUW Etobicoke <b>204-1 Lomond Drive</b> <b>Toronto, Ontario</b> <b>M8X 2Z3</b>  <b>-OR-</b> <b>EMAIL to:</b> <a href="mailto:membership@cfuwetobicoke.ca">membership@cfuwetobicoke.ca</a>											
<input type="checkbox"/> <b>DUAL MEMBER</b> -a member of more than one Club with Etobicoke <b>NOT</b> the primary club: <b>\$34.50</b> <i>Other Club Name: _____</i>	\$ _____												
<input type="checkbox"/> <b>FULL-TIME POST-SECONDARY STUDENT: \$58.00</b> <i>School Name: _____</i>	\$ _____												
<b>MEMBERSHIP ROSTER</b> <i>-Roster is available to view/print from website: FREE</i>													
<input type="checkbox"/> <b>Printed Roster delivered by post: \$3.00</b>	\$ _____												
<input type="checkbox"/> <b>ADDITIONAL DONATION TO CHARITABLE TRUST</b> <b>-over and above the \$12 Charitable Trust donation included in your dues.</b> <i>A tax receipt will be issued for amounts of \$25 or more.</i>	\$ _____	<b>METHOD OF PAYMENT: (please <input checked="" type="checkbox"/> )</b> <input type="checkbox"/> <b>Cheque</b> Payable to <b>CFUW Etobicoke</b> Mail to Membership Chair (address above) <b>PLEASE NOTE THAT CHEQUES RECEIVED BETWEEN APRIL AND JUNE WILL NOT BE DEPOSITED UNTIL AFTER JULY 1st.</b> <input type="checkbox"/> <b>e-Transfer (Interac)</b> Send to: <a href="mailto:treasurer@cfuwetobicoke.ca">treasurer@cfuwetobicoke.ca</a>											
<b>TOTAL AMOUNT DUE: \$ _____</b>													
<b>NOTE: Due by October 15, 2024 for inclusion in the 2024-25 Roster</b>		OFFICE USE ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CHQ #/ET REF</th> <th style="width: 25%;">DATED</th> <th style="width: 25%;">AMOUNT</th> <th style="width: 25%;">BY MBR</th> <th style="width: 25%;">REPORT #</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		CHQ #/ET REF	DATED	AMOUNT	BY MBR	REPORT #					
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Photo Consent													
I CONSENT to having my photo included in club communications that are <b>emailed to members</b> (such as the newsletter) and/or <b>posted in the members only sections of the website</b> . (Members who do not want their images published will be required to absent themselves from group photographs.) <input type="checkbox"/> YES <input type="checkbox"/> NO													
<b>Note: 1. CFUW Etobicoke will obtain your prior permission to use your photo in any publicly accessible social media platform, including but not limited to Facebook, Instagram, YouTube, NextDoor, and both print and digital news.</b> <b>2. Unnamed images of members are included in our website banner. Please contact Communications if you would like your picture removed.</b>													

## CFUW Etobicoke

### NEW MEMBER APPLICATION 2024-2025 (CONTINUED)

**Other Information**

Current Occupation(s): \_\_\_\_\_

 Retired (please list former occupation(s)) \_\_\_\_\_

Skills, Personal &amp; Professional Interests: \_\_\_\_\_

\_\_\_\_\_

**Post-Secondary Education and Training (completion is optional):**

COLLEGE / UNIVERSITY	CITY	DEGREE	YEAR	MAJOR / DISCIPLINE

**Committee Involvement**

**CFUW offers a breadth of activities, projects and events for our members to enjoy, to learn and to support others.**

*As a volunteer organization, our members are expected to contribute time and skills to keep our organization running. We offer many opportunities as members, chairs and/or co-chairs on our committees and the Executive Committee.*

**Please** consider where best your skills and interests are suited and check the appropriate boxes below.

**Thank you!"**

**Please indicate your areas of interest with a**

<input type="checkbox"/> Advocacy & Issues	<input type="checkbox"/> Archives	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Communications	<input type="checkbox"/> Diversity & Inclusion
<input type="checkbox"/> Finance	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Interest Group Convenor	<input type="checkbox"/> Marketing
<input type="checkbox"/> Membership	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Nominating	<input type="checkbox"/> Programme	<input type="checkbox"/> Publicity
<input type="checkbox"/> Web Page	<input type="checkbox"/> Welcoming			

**Executive Committee:** Would you consider running for a CFUW Etobicoke Executive position?  YES  NO

Vice-President (continues to President and Past President)  Secretary  Treasurer  Membership Chair

Ride Share:  I can drive another member to a meeting.  I would like a ride to a meeting.

**The information collected on this form will be used by CFUW Etobicoke to create a database of members. This database will be used to permit communication among members, to conduct club business including providing information to members, to prepare and publish an annual membership directory (Roster) and to maintain our club's website. Personal information shall not be used for any other purposes. For more information, please click hyperlink [CFUW Privacy Policy](#) or go to [www.cfuwetobicoke.ca](http://www.cfuwetobicoke.ca) under About Us/Privacy Policy.**

By completing this form, I consent to the use of my personal information gathered here for the purposes listed above. I certify that the information provided in this application is accurate and that I support the principles and policies of CFUW, including the Respectful Treatment Policy at [www.cfuwetobicoke.ca](http://www.cfuwetobicoke.ca) under About Us/Respectful Treatment Policy. I understand that I may attend interest group activities only when my 2024-25 membership dues are paid in full.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please sign if mailing. If submitted electronically, receipt of your emailed application replaces your signature.