

CFUW Etobicoke

OFFICE USE ONLY	
FORM	
CHQ / ET	
KEY'd	

RENEWING MEMBER APPLICATION 2024-2025

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

<u>To submit your application by email</u>, please download and save the document under your name. Fill in all sections, save the completed form, and email to: <u>membership@cfuwetobicoke.ca</u> <u>Printed applications, and cheques</u> can be mailed to the Membership Chair at the address below.

Contact Information		(If handwritten, please use BLOCK letters.)						
Last Name:	First Name(s):							
Has your contact information changed? Yes Please complete this section. No Please skip to the next section (Dues).								
Address:								
Сіту:	POSTAL CODE:							
PRIMARY PHONE to appear in F	Roster:	EMAIL: _						
Membership Dues (please 🗄	all that apply)							
□ Regular Member <u>or</u> Dual M as primary club: \$116.00		\$	To SUBMIT YOUR AP Mail to:					
DUAL MEMBER - a member o with Etobicoke NOT the prim	\$	Membership Chair CFUW Etobicoke 204-1 Lomond Drive						
Other Club Name:			Toronto, On					
School Name:		\$	M8X 2Z3 - <i>OR-</i>					
MEMBERSHIP ROSTER -Roster is available to view/print from website: FREE			Email to: membership@cfuwetobicok					
		\$	membersmp		ICOKE.Ca	<u>a</u>		
Additional Donation to Ch	ARITABLE TRUST	\$	METHOD OF PAYMENT	: (please 🗹)			
-over and above the \$12 Char included in your dues.	 Cheque Payable to <u>CFUW Etobicoke</u> Mail to Membership Chair (address above) 							
A tax receipt will be issued for a	mounts of \$25 or more.		PLEASE NOTE THAT CHEQU JUNE WILL NOT BE DEPOSI	UES RECEIVED E	BETWEEN A	APRIL AND		
	\$	e-Transfer (Inter						
NOTE: Due by October 15, 2024 fe	7	Send to: treasurer@	<u>cfuwetobic</u>	<u>oke.ca</u>				
			FOR OFFICE USE ONLY CHQ #/ET REF DATED	AMOUNT	BY MBR RE	PT #		
Photo Consent				1				
I CONSENT to having my photo included in club communications that are emailed to members (such as the								
newsletter) and/or posted in the members only sections of the website. (Members who do not want their images								
published will be required to absent themselves from group photographs.)								
Note: 1. CFUW Etobicoke will ob including but not limited to	t ain your prior permission t Facebook, Instagram, YouTu				I media p	olatform,		
2. Unnamed images of me	mbers are included in our v	vebsite banne	r. Please contact Comm	unications if	you woul	d like your		



CFUW Etobicoke

Other Information									
Please provide updates, additions, and corrections only. (Check Roster for information currently on file.)									
Current Occupation(s):									
Retired (please list	former	occupation(s))							
Skills, Personal & Professional Interests:									
Post-Secondary Education and Training (completion is optional)									
	College /UNIVERSITY		Сітү		YEAR	Majo	DR / DISCIPLINE		
Committee Involveme	ent								
CFUW offers a breadth	of acti	ivities, project	ts and eve	ents for ou	r 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 w	vhere k	oest your skill	s and inte	erests are	suited and ch	eck the approp	oriate boxes below.		
			Т	'hank you!'	3				
Please indicate your ar	eas of	interest with	a 🗹						
Advocacy & Issues	□ Arc	chives	Charitable Trust			cations	Diversity & Inclusion		
☐ Finance	🗆 Fu	ndraising	Hospitality Integration		Interest G	roup Convenor	Marketing		
Membership	🛛 Ме	entoring	🛛 Nomir	nating	Programme		Publicity		
□ Web Page	□ We	elcoming							
Executive Committee: Would you consider running for a CFUW Etobicoke Executive position?									
Ride Share: 🛛 I ca	n drive	another memb	per to a me	eting.	I would like a	ride to a meetir	ıg.		
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 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 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:									
SIGNATURE: DATE: Please sign if mailing. If submitted electronically, receipt of your emailed application replaces your signature.									