

CFUW NORTH VANCOUVER MEMBERSHIP FORM 2016-2017

** Dues are required by September 30th in order to have your details included in the membership booklet, and to participate in interest groups.*

*Returning after _____ years absence Year first joined _____

* By virtue of joining this organization, you consent to receive emails relating to CFUW activities and interests.

Date: _____

Please print or attach address label:

Name _____

Address _____

City _____ Postal Code _____

Home phone _____ Cell Phone _____ Email _____

Please choose one of the following:

YES _____ I have a University Degree or **NO** _____ I do not have a University Degree

Member's Name:

Degree holders please list universities/colleges attended, degrees, year of graduation, and surname on the document:

Post Secondary Qualifications

Please list completed course(s) and/or diploma(s) at a university or academic college, and the surname on the document:

Dues: Please choose one type of membership:

- | | | |
|---|-------|----------|
| 1) Full | \$105 | _____ |
| 2) Dual with _____ | \$ 35 | _____ |
| 3) Student | \$ 70 | _____ |
| Newsletter <u>by post</u> (no charge if by email) | \$ 12 | _____ |
| Make cheque payable to CFUW North Vancouver Total Paid: | | \$ _____ |

Education Trust Donation: If you wish to make a donation, please write a **separate cheque** payable to:

CFUW NV Education Trust Fund

(An income tax receipt will be issued by February) **Trust Fund** \$ _____

Please mail form to CFUW P.O. Box 37062
2930 Lonsdale Avenue
North Vancouver, BC V7N 4M0 or
Bring this form with your dues to a meeting.

I agree to have my contact information in the member's only section of our website: _____