



THE UNIVERSITY  
WOMEN'S CLUB  
of VANCOUVER  
at H Y C R O F T

1489 MCRAE AVENUE  
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## MEMBERSHIP APPLICATION

I am applying for the following membership (check one): Active  Associate

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone : (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Educational Information

Name of undergraduate institution: \_\_\_\_\_

Location: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Degree: \_\_\_\_\_ Field of study: \_\_\_\_\_

### Additional Degrees

Institution: \_\_\_\_\_

Location: \_\_\_\_\_ Degree: \_\_\_\_\_

Other educational information (attach additional sheet if necessary):  
\_\_\_\_\_

### Employment

Occupation: \_\_\_\_\_

If retired, former occupation: \_\_\_\_\_

Volunteer work and community involvement: \_\_\_\_\_  
\_\_\_\_\_

### Interests

Current interests and hobbies: \_\_\_\_\_

What Club activities interest you: \_\_\_\_\_

Do you have interests you would like to introduce to the Club?  
\_\_\_\_\_

### What are the best times for you to attend the Club?

Weekday mornings  Afternoons

Evenings  Sundays

### How did you hear about the Club?

Friend/word of mouth  Open House

Internet/Website  Brochure  Advertisement

Other Media  Event at Hycroft

When did you first learn about the Club? \_\_\_\_\_

### Please check all that apply. I am:

- Currently under age 30
- Currently a student enrolled in a full-time program of study
- Temporarily resident in Vancouver
- A member of a consular delegation
- A member of CFUW Club (club name) \_\_\_\_\_

May we publish your contact information and academic credentials in our newsletter, Hycroft Happenings, and in our Club Directory? Yes  No

### Privacy Policy

UWCV will collect and use only such personal information as is required for the operation of the Club and the provision of services to its members. Such information is never made available to the public. To view our complete Privacy Policy please visit our website at [uwcvancoover.ca](http://uwcvancoover.ca) or ask our office for a printed copy.

### All Applicants:

I, \_\_\_\_\_ (Print Name) \_\_\_\_\_, submit this application and accept and support the Purposes and Policies of the University Women's Club of Vancouver.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use Only

Payment enclosed: Amount \$ \_\_\_\_\_

Copy of credentials enclosed:

For students, proof of full-time enrollment enclosed:

Credit card registered: \_\_\_\_\_

Entrance fee paid \$ \_\_\_\_\_

For under 30, entrance fee paid \$ \_\_\_\_\_ proof of age