

1489 MCRAE AVENUE VANCOUVER, BC V6H 1V1 TEL: 604-731-4661 FAX: 604-731-3710 OFFICE@UWCVANCOUVER.CA WWW.UWCVANCOUVER.CA

# MEMBERSHIP APPLICATION

New 🗌 Reinstatement 🗌

#### I am applying for the following membership (check one): Regular 🗌 Associate 🗌

Confirmation of university graduation or equivalent is required for Regular membership.

#### **Applicant Information**

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

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

Please list any current interests or hobbies and which Club activities you'd like to join/start:

Please list if you're active on social media and provide your handle:

Facebook 🗌

Other 🗌

Handle: \_

Instagram 🗌

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

Evenings Sundays 

## How did you hear about the Club?

Twitter 🗌

Friend/word of mouth  $\Box$  Club Member  $\Box$ Internet/Website 🗆 Brochure 🗆 Advertisement 🗆 Social Media 🗌 Event at Hycroft 🗌 When did you first learn about the Club? \_\_\_\_ Who referred you the the UWCV? \_\_\_\_

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 uwcvancouver. ca or ask our office for a printed copy.

## **All Applicants:**

l,	(Print Name)	, submit this
application and accep	ot and support the	Purposes and Policies of the
University Women's C	lub of Vancouver.	

Signed: \_\_\_\_

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

#### **Emergency Contact**

Name:

Tel.

For Office Use Only		
Payment enclosed: Amount \$		
Copy of credentials attached: $\Box$		
For students, proof of full-time enrollment attached: $\Box$		
Credit card registered: $\Box$		
Entrance fee paid: $\Box$		
For under 30, proof of age $\Box$		
Dues: Annually Monthly Other		