



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

1489 MCRAE AVENUE  
VANCOUVER, BC V6H 1V1  
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## 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

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

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  Twitter  Instagram  Other

Handle: \_\_\_\_\_

### 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  Club Member

Internet/Website  Brochure  Advertisement

Social Media  Event at Hycroft

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

Who referred you the the UWCV? \_\_\_\_\_

### 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) \_\_\_\_\_

**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:

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

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

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

### Emergency Contact Information

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

### For Office Use Only

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

Copy of credentials attached:

For students, proof of full-time enrollment attached:

Credit card registered:

Entrance fee paid:

For under 30, proof of age

Dues: Annually  Monthly  Other