

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

MEMBERSHIP APPLICATION _

PLEASE FULLY COMPLETE FORM TO ENSURE PROMPT PROCESSING New L Reinstatement	: 🗆
I am applying for the following membership (check one): Regular \square Associate	
Confirmation of university graduation or equivalent is required for Regular membership.	

Application Information

Name:			
Address:			
Phone (H)	_(C)		
Email:			
Birthdate: M/	D/	Y/	

Educational Information

Name of undergraduate institution:			
Location:	Graduation year:		
Degree:	Field of study		

Additional Degrees

Institution:	
Location:	
Other education	al 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.

Please list if you're active on social media and provide your handle:			
Facebook 🗖	Twitter 🗖	Instagram 🗖	Other 🗖
Handle:			

How did you hear about our club?

Name of member who referred you to the UWCV? (if applicable)

Please check all that apply. I am:

Currently under age 30

□ Currently a student enrolled in a full-time program of study □ A dues paying 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 🗆

The purposes of the club are to:

a) stimulate intellectual activity,

- b) facilitate fellowship, social responsibility, volunteerism and co-operation,
- c) promote an interest in public affairs, and afford members an opportunity to express a united opinion,
- d) promote the interest of members in educational issues and in the maintenance of high standards of education, and provide bursaries and scholarships, and
- e) do all such things as may be necessary or conducive to the attainment of these purposes.

All Applicants:

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application and accept and suppo	rt the Purposes and Policies of	
the University Women's Club of Vancouver. The founding mandate		
of the UWCV is to promote educat	ion, rights and opportunities	
for women and girls.		
Signed:		
Date:		
Emergency contacts:		
Name:	Tel:	

Privacy Policy

Name:

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.

Tel:

For Office Use Only

Payment enclosed: Amount \$ _____ Copy of credentials attached: For students, proof of full time enrolment attached: Credit card registered:

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Entrance fee paid: 🗖		
For under 30, proof of	fage: 🗖	
Dues: Annually 🗖	Monthly \Box	Other