



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

MEMBERSHIP APPLICATION

PLEASE FULLY COMPLETE THE FORM TO ENSURE PROMPT PROCESSING New Reinstatement

Application Information

Name: _____

Address: _____

Postal code: _____

Phone (H) _____ (C) _____

Email: _____

Birthdate: M/ _____ D/ _____ Y/ _____

Employment and/or Educational Information

Employment

Occupation: _____

If retired, former occupation: _____

Volunteer work and community involvement: _____

Education

Name of undergraduate institution: _____

Location: _____ Graduation year: _____

Degree: _____ Field of study _____

Please indicate if you are currently enrolled in a full-time program or study.

Interests or Hobbies

Please list any current interests or hobbies.

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

How did you hear about our club?

Please select all that apply below:

- Word of mouth
 Website
 Social Media: Instagram Facebook
 Attend an Event (Please indicate the name of the event) _____
 Other: _____

May we publish your name and email address in the website Members Directory and weekly e-blast?

Yes ___ No ___

All Applicants:

I, _____ submit this application and accept and support the Purposes and Policies of The University Women's Club of Vancouver. The founding mandate of the UWCV is to promote education, rights and opportunities for women and girls.

Signed: _____

Date: _____

Emergency contacts:

Name: _____ Tel: _____

Name: _____ Tel: _____

Privacy Policy

The 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 uwc Vancouver.ca or ask our office for a printed copy.