



SURNAME

FIRST NAME & Preferred Nickname if applicable

MAILING ADDRESS (number & Street, Community, Postal Code)

EMAIL ADDRESS

TELEPHONE &/or CELL PHONE (mark preference)

DO YOU CURRENTLY BELONG TO ANOTHER CFUW CLUB? If so, which? \_\_\_\_\_

HAVE YOU JOINED CUW IN THE PAST? IF SO, WHICH YEAR?

PROFESSIONAL BACKGROUND

POST-SECONDARY EDUCATION (if applicable and Degree or Diploma achieved)

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AREAS YOU ARE WILLING TO HELP: (*ideas for all below*)

SOCIAL : \_\_\_\_\_ Planning \_\_\_\_\_ Special Event helper \_\_\_\_\_ (*other?*)

MEMBERSHIP: \_\_\_\_\_ Committee \_\_\_\_\_ Greeting \_\_\_\_\_ Community Outreach

BURSARY: \_\_\_\_\_

FUNDRAISING: \_\_\_\_\_

MENTORING: \_\_\_\_\_ What skills can you contribute?

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HOW DID YOU LEARN ABOUT US?

Social Media: \_\_\_\_\_ Facebook \_\_\_\_\_ Instagram \_\_\_\_\_

Newspaper : \_\_\_\_\_ article \_\_\_\_\_ advertising

Local Magazines: \_\_\_\_\_ Neighbourhood Welcome \_\_\_\_\_

Internet/Web site: \_\_\_\_\_

Signature

Date

Payment: cheque, e-transfer, website (PLEASE INCLUDE YOUR NAME on e-transfers and web payments so that we can credit you!

Please complete this form and bring it to our next meeting, or email it to [cfuwsunshinecoast@gmail.com](mailto:cfuwsunshinecoast@gmail.com)