

Membership in CFUW is open to all women who support our mission.

OFFICE USE ONLY	
FORM	
CHQ / ET	
KEY'd	

To submit your application by email, please **download and save** the document under your name. Fill in all sections, save the completed form, and email to: [membership@cfuwetobicoke.ca](mailto:membership@cfuwetobicoke.ca)  
Printed applications, and cheques can be mailed to the Membership Chair at the address below.

Contact Information		(If handwritten, please use BLOCK letters.)	
LAST NAME: _____		FIRST NAME(S): _____	
ADDRESS: _____			
CITY: _____		PROVINCE: _____	POSTAL CODE: _____
PRIMARY PHONE to appear in Roster: _____		EMAIL: _____	
How did you hear about CFUW Etobicoke? _____			
Have you ever been a member of another CFUW club? YES NO		If YES, number of years as a member of another CFUW club: _____ years	Total number of years as a member of ANY CFUW club, excluding any years absent: _____ years
Membership Dues (please <input checked="" type="checkbox"/> all that apply)			
<input type="checkbox"/> REGULAR MEMBER or DUAL MEMBER with Etobicoke as primary club: <b>\$116.00</b>	\$ _____	<b>TO SUBMIT YOUR APPLICATION:</b> <b>Mail to:</b> Membership Chair CFUW Etobicoke 204-1 Lomond Drive Toronto, Ontario M8X 2Z3  <b>-OR-</b> <b>Email to:</b> <a href="mailto:membership@cfuwetobicoke.ca">membership@cfuwetobicoke.ca</a>	
<input type="checkbox"/> DUAL MEMBER (a member of more than one Club with Etobicoke <b>NOT</b> the primary club: <b>\$34.50</b> Other Club Name: _____	\$ _____		
<input type="checkbox"/> FULL-TIME POST-SECONDARY STUDENT: <b>\$58.00</b> School Name: _____	\$ _____		
<b>CLUB NEWSLETTER</b> Electronic copy delivered by email: FREE	\$ _____	<b>METHOD OF PAYMENT: (please <input checked="" type="checkbox"/> )</b> <input type="checkbox"/> <b>Cheque</b> Payable to <b>CFUW Etobicoke</b> Mail to Membership Chair (address above)  <input type="checkbox"/> <b>e-Transfer (Interac)</b> Send to: <a href="mailto:treasurer@cfuwetobicoke.ca">treasurer@cfuwetobicoke.ca</a>	
<input type="checkbox"/> PRINTED COPY DELIVERED BY POST: <b>\$20.00</b>	\$ _____		
<b>MEMBERSHIP ROSTER</b> Roster available to view/print from website: FREE	\$ _____		
<input type="checkbox"/> PRINTED COPY DELIVERED BY POST: <b>\$3.00</b>	\$ _____		
<input type="checkbox"/> ADDITIONAL DONATION TO CHARITABLE TRUST over and above the \$12 Charitable Trust donation included in your dues. A tax receipt will be issued for amounts of \$25 or more.	\$ _____		
<b>Total Amount Due:</b> \$ _____		OFFICE USE ONLY	
<b>NOTE: Due by October 15, 2023 for inclusion in the 2023-24 Roster</b>		CHQ #/ET REF	DATED
		AMOUNT	BY MBR
		REPORT #	
Photo Consent			
I CONSENT to having my photo included in members' club communications, such as the newsletter, that are mailed or emailed to <b>members</b> , and in the <b>members only</b> photo section of the website. (Members who do not want their images published will be required to absent themselves from group photographs.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Note:</b>			
1. CFUW Etobicoke will obtain your prior permission to use your photo in any publicly accessible social media platform, including but not limited to Facebook, Instagram, YouTube, NextDoor, and both print and digital news.			
2. Small unnamed "thumbnail" images of members are included in our website banner. Please contact Communications if you would like your picture removed.			

Other Information				
Current Occupation(s): _____				
<input type="checkbox"/> Retired (please list former occupation(s)) _____				
Skills, Personal & Professional Interests: _____ _____				
Post-Secondary Education and Training (completion is optional):				
COLLEGE / UNIVERSITY	CITY	DEGREE	YEAR	MAJOR / DISCIPLINE
Committee Involvement				
<p>CFUW Etobicoke offers a breadth of activities, projects, and events.</p> <p>As a volunteer organization, we rely on our members to contribute time and skills as members, chairs and/or co-chairs on our committees and by serving on our Executive.</p> <p><i>Please consider participating!</i></p>				
<b>Please indicate your areas of interest with a <input checked="" type="checkbox"/></b>				
<input type="checkbox"/> Advocacy & Issues <input type="checkbox"/> Finance <input type="checkbox"/> Membership <input type="checkbox"/> Web Page	<input type="checkbox"/> Archives <input type="checkbox"/> Fundraising <input type="checkbox"/> Mentoring <input type="checkbox"/> Welcoming	<input type="checkbox"/> Charitable Trust <input type="checkbox"/> Hospitality <input type="checkbox"/> Nominating	<input type="checkbox"/> Communications <input type="checkbox"/> Interest Group Convenor <input type="checkbox"/> Programme	<input type="checkbox"/> Diversity & Inclusion <input type="checkbox"/> Marketing <input type="checkbox"/> Publicity
<b>Executive Committee:</b> Would you consider running for a CFUW Etobicoke Executive position? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Vice-President (continues to President and Past President) <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer				
Ride Share: <input type="checkbox"/> I can drive another member to a meeting. <input type="checkbox"/> I would like a ride to a meeting.				
<p><b>The information collected on this form will be used by CFUW Etobicoke to create a database of members. This database will be used to permit communication among members, to conduct club business including providing information to members, to prepare and publish an annual membership directory (Roster) and to maintain our club's website. Personal information shall not be used for any other purposes. For more information, please click hyperlink CFUW Privacy Policy or go to <a href="http://www.cfuwetobicoke.ca">www.cfuwetobicoke.ca</a> under About Us/Privacy Policy.</b></p> <p>By completing this form, I consent to the use of my personal information gathered here for the purposes listed above. I certify that the information provided in this application is accurate and that I support the principles and policies of CFUW, including the Respectful Treatment Policy at <a href="http://www.cfuwetobicoke.ca">www.cfuwetobicoke.ca</a> under About Us/Respectful Treatment Policy. I understand that I may attend interest group activities only when my 2023-24 membership dues are paid in full.</p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p> <p style="text-align: center;">Please sign if mailing. If submitted electronically, receipt of your emailed application replaces your signature.</p>				