CANADIAN FEDERATION OF UNIVERSITY WOMEN-OTTAWA

www.cfuw-ottawa.org 2015-2016 REGISTRATION FORM

MISSION STATEMENT:

CFUW-Ottawa is an organization of women members linked nationally and internationally to:

- promote quality education
- participate in public affairs
- improve the status of women and girls

all in an atmosphere of friendship and co-operation.

WAIVER: By completing this application form, you have agreed that all Club events that you attend will be at your own risk.

PERSONAL	DATA:			
Salutation:	_ Surname:	First Name:		
· · · ·	ame:	Address:		
City:	Province:	Postal Code:		
10-digit telephone numbers: Home: Work:				
E-mail: Cell:				
Please	provide your e-mail address for future correspon	dence (from CFUW-Ottawa only) and for re	gistration confirmation.	
Do you have a	a degree or a professional designation that cu	rrently requires a degree? \Box Yes \Box N	lo	
University atte	ended:	Degree(s)	Year(s)	
University atte	ended:	Degree(s)	Year(s)	
FullStudentDual	who supports the purposes and objectives of CFUWudentFull-time university or college student		\$115.00 \$ 50.00 \$ 40.00	
FEES				
Membership f	fee (as selected above)		\$	
Printed Memb (Optional t	\$			
Printed Copy (Optional t	\$			
Business card	\$			
Total pleas	\$			
MEMBERSH	HP STATUS (Please check appropriate area):		
□ Renewing	g member			
□ Returning	member (member in previous years, but not	in 2013-2014)		
□ New mem	ber – Are you new to the Ottawa area? \Box	Yes 🗆 No		
	How did you find us?	ttawa member:		

□ "Ottawa Citizen" □ Community Paper □ Internet □ Kijiji □ Other:

CFUW-OTTAWA: VOLUNTEER CANVASSING QUESTIONNAIRE:

CFUW-Ottawa is able to offer a breadth of activities, projects and events due to the generous members who volunteer their time and skills. <i>We need you to volunteer!!!!</i>								
<u>Please indicate below ($$) if you are able to help with any of the following:</u>								
Issues Committees:	□ Education □ Legislation/Other	□ Environmental Toxins ar □ Status of Women and Hu						
□ Club Projects	□ Holiday Party	□ International Women's Day						
Please indicate Interests & Expertise below:								
Administration/Finan	ice:							
□ Archives	□ Accounting/Bookkeeping		□ Minute Taking					
Communication: □ Editing	□ Writing	□ Publicity	□ Public Speaking					
Educational:	□ Children's Literacy		□ Scholarships					
Legal:								
Organizational: Co-ordination	□ Fundraising	□ Event Planning	□ Leadership					
Issues and Advocacy: □ Advocacy	□ Research	□ Policy Resolutions Review	□ Media Monitoring					
Technical/Artistic: □ Photography	□ A/V Support	□ Website Administration	□ Graphic Design					
Social: □ Greeting	□ Hospitality							
Tell us about your experience in the areas of interest you have indicated:								
		-						

Signature: _____

IMPORTANT:

Please mail your completed registration form, cheque and business card (if applicable) to:

Last name: A-K	Aleyamma Samuel	Last name: L-Z	Christine Rollo
	2060 Chalmers Road		12 Saginaw Crescent
	Ottawa, ON K1H 6K5		Nepean, ON K2E 5N6

(Note: Your cancelled cheque or PayPal confirmation is your receipt.)