

CANADIAN FEDERATION OF UNIVERSITY WOMEN
a member of the
International Federation of University Women

APPLICATION FOR MEMBERSHIP IN:
The University Women's Club of Montreal, Inc.

NAME: _____
(SURNAME) (GIVEN NAMES – underline preferred name)

Previous Surnames (list chronologically): _____

ADDRESS: _____

(CITY) (POSTAL CODE)

| UNIVERSITY | DEGREE | YEAR OBTAINED | NAME UNDER WHICH OBTAINED |
|------------|--------|---------------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PROFESSION _____

CURRENT WORK (paid or unpaid) _____

Have you ever been a member of the CFUW or IFUW before?

(No _____) IF YES,

Club Names _____ Dates _____

I certify the above to be true

(SIGNATURE) (DATE)

Application accepted by _____
(CLUB MEMBERSHIP SECRETARY) (DATE)

LIST ADDITIONAL EXPERTISE/INVOLVEMENT (including Boards/school/Volunteer/Community)

Our CFUW fourfold purpose:

- to assist in developing sound educational values and high standards
- to arouse and sustain among members an intelligent interest in public affairs
- to foster and encourage women university graduates to place their education at the service of the community, and
- to bring about an understanding and cooperation among women university graduates worldwide.

