

University Women's Club of Montreal, Inc.
Club des Femmes Universitaires de Montréal, Inc.

3529 Atwater Avenue, Montreal, QC H3H 1Y2

APPLICATION FOR MEMBERSHIP

Membership in UWCM includes club membership in the Canadian Federation of University Women, a member of the International Federation of University Women

Name _____

Address _____

Telephone _____ (h) _____ (w)

E-mail _____ Fax _____

Sponsors 1. _____

2. _____

Interests 1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Profession _____

Current Work (paid or unpaid) _____

University Degree	Year	University	Name under which obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been a member of the CFUW or the IFUW? Yes _____ No _____

If yes, Club names/dates _____

Please list additional expertise/involvement (Boards/school/volunteer/community, etc.) _____

Members consent to having their name, address, telephone number and other contact information supplied in this application published in the Club Directory. We do not consider this private information but we do ask that members restrict their use of the directory to club matters and personal non-commercial use.

Signature _____

Date _____

Application accepted by _____

Membership Chair

Date _____