



CANADIAN FEDERATION OF UNIVERSITY WOMEN (CFUW)
a member of the
INTERNATIONAL FEDERATION OF UNIVERSITY WOMEN (IFUW)
Application for:

Membership in:

OR

Member-At Large
(Head Office use only)

(Club Name)

NAME: _____
 (Surname) (Given Names - underline preferred name)

PREVIOUS SURNAMES (list chronologically)

ADDRESS: _____
 (City) (Postal Code/Zip Code)

(home) () (business) ()
 (Fax) () (e-mail)

University	Degree	Year Obtained	Surname Under Which Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Profession _____

Current Work (paid or unpaid) _____

Have you ever previously been a member of CFUW or of an IFUW affiliate?
 Yes _____ No _____

If yes, Club Names _____ Dates _____

Application accepted by _____
 (Club Membership Secretary) (Date)

List Additional Expertise/Involvement (including Boards/School/Volunteer/Community)

I certify the above to be true:

 (Signature) (Date)

- We're Committed to:**
- ◆ pursuit of knowledge
 - ◆ promotion of education
 - ◆ improvement of the status of women and human rights
 - ◆ active participation in public affairs in a spirit of cooperation and friendship