



Canadian Federation Of University Women (CFUW)

Membership in: Kelowna Club

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

Previous Surnames (list chronologically)

Address: _____

(City) (Postal Code)

(home) (business)

(cell)

(e-mail)

Profession _____

Current Work (paid or unpaid) _____

Have you ever previously been a member of CFUW? Yes No

If yes, Club Names _____ Dates _____

Application accepted by _____ (Date)
(Membership chair)

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

Optional: (University/ Degree/ Year Obtained/ Surname Under Which Obtained)

I certify the above to be true:

(Signature) (Date)