

CFUW PARKSVILLE/QUALICUM MEMBERSHIP FORM

**THIS FORM IS TO BE COMPLETED BY ALL NEW MEMBERS, or
IF YOUR CONTACT INFORMATION HAS CHANGED**

To comply with the **Personal Privacy Information Protection Act**, we need permission to include your pictures on the CFUW P/Q WEBSITE and in our club photo albums. If you agree, please check the YES box below and sign in the space provided. If you prefer **NOT** to have your photograph taken please check the NO box and sign.

Yes No Signature: _____ Date: _____

GENERAL DISCLAIMER

Members participating in all events and activities sponsored and organized by The Canadian Federation of University Women Parksville – Qualicum do so at their own Risk and are responsible for their own safety.

Signature _____ Date _____

MEMBERSHIP FORM – MANDATORY

Name _____

Address _____

Postal Code _____ Phone(s) _____

Email Address _____

For our Directory please add the following information:

Professional Experience, Certificate /Diploma and / or Degree / University

Membership Dues enclosed \$ _____

(Membership: \$120.00, Student \$35.00, Dual \$45.00 Payable to: CFUW Parksville/Qualicum)

ALL MEMBERS please fill out ALL forms to be handed in at the meeting with your payment OR they may be mailed together to:

Bonnie Stableford, Membership Chair, Box 113, Qualicum Beach, B.C., V9K 1S7