Realizing potential. For all women.

Canadian Federation of University Women – Salt Spring Island

CFUW SSI Membership Application

First name(s)_____ Last Name_____

Postal address _____

City/Town _____

Province _____ Postal Code _____

Home Phone _____Cell _____

E-mail address _____

Interest Areas:

_____

_____

Annual membership dues include SSI Club dues; provincial/regional dues; and national (CFUW dues). Total: $75.00

To comply with Provincial Personal Information Protection Act, I consent to:

Yes ___No ___have my personal information included in the club's data bases (for internal use only)

Yes ___No ___have my first name and picture published in any club electronic or hard copy publication (for distribution locally within CFUW SSI club).

Yes ___No ___have my first name and picture published in any club electronic or hard copy publication (for distribution to the general public)

Print Name _____ Signature _____ Date _____

Address: 306 Roland Road, SSI BC V8K 1V1
Telephone: 250 653 4927
Email: info@cfuwssi.ca
Web site: https://www.cfuwssi.ca