

CFUW-Northumberland Membership Form 2024-2025

You can print this form and fill it in or you can fill in an online form..

Required – Print your name here: _____

CONTACT INFORMATION

Please choose one of the following: (click on the box if you are using the fillable form)

- I am a **new member** and have listed my contact information below.
- My information (items below) **has not changed since last year.** (Please do not fill in this Contact Information section if there are no changes from the 2023-2024 Member Directory.)
- I am **renewing** and have **new contact information.** I have listed the changes below.

Street Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Email: _____

CFUW-Northumberland welcomes all women who value lifelong learning. If you attended a post-secondary institution, e.g., college, university or trade school, you are welcome to name it here. Note, this is optional.

NEW: Please indicate the year you joined CFUW-N: _____.

If you were a member of another CFUW club, please indicate the club and your length of membership: _____.

PAYMENT

Membership Fee is \$100.00 and **due by October 7, 2024.** Please indicate your payment choice.

- By cheque*, made out to **CFUW-Northumberland**, and I will mail **this form and the cheque** to CFUW-N Membership, 3122 Theatre Road N. Cobourg ON K9A 4J7.
- By credit card online* via CanadaHelps using [this link](#). Please email completed Membership form to Christine Kwiatkowski at cmakwiat@gmail.com (Hint: You can save the filled-in form in a file with your name on it, or scan the filled-in form you have printed out, and send it as an attachment to Christine.)
- In person* at the next General Meeting, providing a cheque **and** including this Membership form.

*You can also donate to the CFUW-Northumberland Scholarship Trust Fund when you join/renew.
A tax receipt will be issued for donations of \$20.00 or more.*

For further information, please contact Christine Kwiatkowski by email cmakwiat@gmail.com or by phone (416) 806-9658.

WAIVER

I agree to waive liability to CFUW-N for any injury or grievances that may result in my participating in any outings/tours/meetings organized by CFUW-N and CFUW-N Jaunters.

Signature: _____

Date: _____

Please Turn Over

Please tell us a little about yourself:

1. I bring the following skills (fundraising, web design, advertising, marketing, etc.) to CFUW-N:

2. My experiences (program planning, event planning, Board experience, communications, etc.) that may benefit CFUW-N: