



Member Registration

How did you hear about us? _____

Surname: _____ Given Name _____

Address: _____

Municipality: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Occupation/Student of: _____

If retired, what from? _____

Age Range: Under 35 _____ 35-65 _____ 65+ _____

Have you previously been a member of CFUW or of an IFUW/GWI affiliate?

Yes: _____ No: _____

If yes, Club Name(s): _____

When? _____

I consent to the collection, use and disclosure of this personal information for club purposes only.

I consent to receiving emails from CFUW Orangeville and District related to club business only.

Signature: _____ Date: _____