



MEMBERSHIP REGISTRATION FORM FOR RETURNING MEMBERS CFUW Owen Sound & Area 2021 - 2022

National website – www.cfuw.org. Owen Sound & Area website – www.cfuwowensound.com

Please complete both page 1 and page 2, sign on page 1 and 2 and return before October 15, 2021 in order to have your information listed in the first edition of the 2021- 2022 membership directory and mail your cheque to: CFUW Owen Sound, 143242 Superior Street, Owen Sound, ONT N4K 5N8 or e-transfer (see below). If you choose to e-transfer, signed membership forms can be emailed to: roberta.cuthbertson18@gmail.com.

Surname		First Name		Preferred Name	
Street Address				Apt./Unit	
City/Town			Prov.	Postal Code	
Home Tel.	Work Tel.		Cell		
E-mail address			<input type="checkbox"/> I do not have Internet access		

2020/ 2021 MEMBERSHIP DUES AND EDUCATION FUND DONATION:

Regular	\$ 110.00	\$ _____
Education Fund Donation (scholarships, scientists in school, other educational projects)		\$ _____
Tax receipts automatically given for donations of \$10 and over		
Total Amount		\$ _____
<p>Membership and Scholarship donation may be combined into a single cheque or payments can now be made by e-transfers to: finance@cfuwowensound.com Write in the question: "Organization" and the answer is: "CFUW" (all caps)</p> <p style="text-align: center;"><i>Thank you!!</i></p>		
Signature:	Date:	



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Please note any changes to background and interests (*career, skills, business, volunteer work, interests, etc.*):

Club and Community Involvement:

We recognize that our members have engaged in multiple activities to benefit our local community. We would like to enhance our service model as a club. Which areas of service would you be willing to lead or to participate in?

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Issues | <input type="checkbox"/> Co-chair an interest group |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Participate on a committee |

PLEASE COMPLETE BELOW THEN SIGN AND DATE AT THE BOTTOM

This database will be used to publish a membership directory that will be distributed as a hard copy for the personal use of Owen Sound and Area CFUW members. It will not be sold, loaned or provided in any way to any other individual or organization and members are expected to respect the value of this information. Answers will also indicate your comfort level for the sharing of your information or pictures on our website and external sources and your willingness to have CFUW Ontario or National contact you directly by email.

1) I AGREE to have my name, address, phone number(s) and email published internally in the Owen Sound & Area Club Membership Directory and distributed to interest group coordinators.

- YES, I agree NO, I do not agree

If you checked no, please specify the information you do not want included or distributed: _____

2) I AGREE to have my NAME and PICTURE in digital and/or print media format in the following (tick those that apply).

- | | | |
|---|---|--|
| <input type="checkbox"/> YES, I agree to all | <input type="checkbox"/> Club website public section | <input type="checkbox"/> Club newsletter |
| <input type="checkbox"/> Club social media <i>Private</i> Group | <input type="checkbox"/> Club brochure/ promotional materials | <input type="checkbox"/> CFUW National and/or CFUW Ontario |
| <input type="checkbox"/> Local Media such as news outlets | | |

I acknowledge that I have received a written copy of the Privacy Policy for CFUW Owen Sound and Area. (Available at www.cfuwowensound.com/about-cfuw/) I have read, understood and agreed to comply with the policies outlined in the Policy and Procedural Manual. I have personally selected the parameters of Privacy rules and guidelines for me and have outlined my intentions by signing and dating the above membership form. These guidelines include all social media sites and other electronic media, print formats, photographs and videos.

SIGNATURE

PRINT NAME:

DATE: