**CFUW Sunshine Coast**

Membership Form

Please Print

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| --- | --- |
| Surname | First Name |
| Address | |
| Email | Telephone |
| Professional Background | |
| Post-Secondary Education (if applicable) and Degree or Diploma Achieved | |
| Skills that could be used in a mentoring capacity | |
| Is there an aspect of CFUW that is most important to you (e.g. bursaries, mentoring, program, advocacy, special events, other)? | |
| Is there an activity where you would be willing to contribute (e.g. Bursary Society, Board of Directors, volunteering for a specific club event, fundraising, social)? | |
| We would encourage you to use our website for information [www.cfuwsc.org](http://www.cfuwsc.org) | |
| How did you learn about CFUW Sunshine Coast (e.g. friend, newspaper, website, other)? | |
| What year did you join CFUW? | |
| Signature | Date |

Please complete this form and bring it with you to our next monthly meeting, or complete and email to [cfuwsunshinecoast@gmail.com](mailto:cfuwsunshinecoast@gmail.com). Thank you.

2021-09-13