

MONTREAL LAKESHORE UNIVERSITY WOMEN'S CLUB

www.mluwc.com

Your membership application and a cheque payable to **MLUWC** must be sent to
P.O. Box 383 Pointe-Claire, QC H9R 4P3 or email to membership.mluwc@gmail.com

MEMBERSHIP FEES: \$110

Dual: Please contact the Membership Chair at membership.mluwc@gmail.com

2016-2017
Membership Application
PLEASE PRINT

Name _____

Address _____

City _____ Postal code _____

Tel: Res () _____

Cell () _____

E-mail address _____

University _____

Degree _____ Year _____

University _____

Degree _____ Year _____

University _____

Degree _____ Year _____

How did you hear about us? _____

Do you know someone at the Club? _____

Date of Birth (mmddyear) _____

PAGE

COMMITTEE INVOLVEMENT

We encourage all members to participate in the club activities. Please indicate where you have an interest.

ARCHIVES _____

EXECUTIVE _____

FUNDRAISING _____

GREETER _____

INTEREST GROUPS _____

MEMBERSHIP _____

NEWSLETTER _____

NETWORKING _____

PROGRAMME _____

PUBLICITY _____

SCHOLARSHIP FUND _____

SHORT-TERM PROJECTS _____

WORKSHOPS _____

WEB PAGE _____

OTHER _____

Have you ever previously been a member of another CFUW club? If yes, which one? _____

Do you wish to share your contact information in our Directory? Yes _____ No _____

Your monthly newsletter will be sent to your e-mail address listed above.

Business-card size **advertising** is available at the back of the membership directory:
\$90.00 for the year. Please contact VP Membership at mluwc.membership@gmail.com