

MEMBERSHIP APPLICATION FORM



Date _____

Name _____

Address _____

City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Birthday _____

Emergency Contact Name _____ Phone Number _____

Post Secondary Education (degree, certificate, etc.) and Names of Institutions

Career / Occupation

Interests

How did you hear about the club?

Is there anything else you'd like to share about yourself to club members?

Special 1st Year Rate (\$100) Full (\$462) Student (\$75)

Payment may be submitted by e-transfer to uwcfm@mymts.net, by cheque to the University Women's Club of Winnipeg, or in person at 54 West Gate. This form may be filled out online by clicking [HERE](#).

UNIVERSITY WOMEN'S CLUB OF WINNIPEG

54 West Gate, Winnipeg, MB R3C 2E1 • www.uwcwpgmb.com