



CFUW BRANTFORD MEMBERSHIP FORM

MAY 1, 2025 - APRIL 30, 2026

Member Information

Name _____ Mailing _____ Address _____ with _____ Postal Code _____ Home _____ Phone # _____	Emergency Contact Name/Tel # _____ Cell # _____
email _____ Personal _____ Interests _____	

Membership Fees 2025- 2026	
General Membership Fee	\$106.00
Scholarship Portion	\$15.00
Dues Payable	\$ 121.00
Optional Donation to Scholarship	
Total Remitted:	

Statement Regarding Photograph Use

I give permission for CFUW Brantford to use my picture in their publicity, including but not limited to print media, webpage, and audiovisual presentations. I understand that there will be no payment for the use of this image.

Yes No

I give permission for my email address to be shared with CFUW National to facilitate direct communication with their members.

Yes No

Signed: _____ Date: _____

The INFORMATION on this form is for INTERNAL USE ONLY and is NOT to be shared outside the club. ** For inclusion on the Membership List and to take part in Interest Groups, please submit full payment of Annual Membership Fee by MAY GENERAL MEETING.