

MEMBERSHIP APPLICATION FORM



Date _____

Name _____

Address _____

City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Post Secondary Education (degree, certificate, etc.)

Name of Institution (school, college, university, etc.)

Career / Occupation

Interests

How did you hear about the club?

- Introductory (1st year) - \$100 (Limited Member Benefits) Special Rate (2nd year) - \$300 (Limited Member Benefits) Full (\$453) (Full Member Benefits) Student* (\$75) (Limited Member Benefits) *Proof of enrolment required



Please mail completed form and cheque to:

UNIVERSITY WOMEN'S CLUB OF WINNIPEG

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