

CFUW/SASKATOON MEMBERSHIP RENEWAL FORM

Please send this form with your membership fees (\$80.00 cheque made out to CFUW/Saskatoon Inc.) to the Treasurer, CFUW/Saskatoon, P.O. Box 7405, Saskatoon, SK., S7K 4J3 **or** bring it with you to the CFUW Day meeting or the October General Meeting. If you are a student, the membership fee is \$40.00.

Information: Name, address, telephone, e-mail as you wish it to appear in the Directory.

Last Name _____ **Phone (home)** _____
First Name _____ **Phone (work)** _____
E-mail _____ **Phone (cell)** _____

If there are changes in address, phone number or e-mail, please note.

Interest Groups/Club Activities: Circle those groups you wish to join.

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|------------------------------|----------------------|
| 1. Adventures in Dining | 8. Issues and Action |
| 2. Art Appreciation | 9. Mystery Book Club |
| 3. Biography Book Club | 10. Opera divas |
| 4. Cdn. Literature Book Club | 11. Piano Fridays |
| 5. Financial Literacy | 12. Travel |
| 6. Friendly Visits | 13. Theatre |
| 7. International Issues | 14. Wine Tasting |

Communication:

1. Your newsletter will be sent by e-mail unless you specify regular mail _____
1. Are you willing to drive other members to meetings and/or deliver newsletters, posters?

1. Would you like to receive the following by e-mail; National weekly update _____,
Quarterly "Communicator" _____, International Newsletter _____?

CFUW/SASKATOON PRIVACY POLICY FOR "MEMBERS ONLY" PUBLICATIONS

"Members Only" publications include Membership Lists, Club Programs, Interest Group lists, etc. These will not be shared with the public at any time and will not be placed in the Saskatchewan Archives until after two years have passed. I consent to have my personal information (name, address, phone, e-mail, education) published in "Members Only" publications. This consent will apply to future membership renewals unless I notify the President or Membership Chair that this consent be withdrawn.

For Board members and Conveners of an Interest Group:

I consent to have my name published on our CFUW website _____.

I consent to have my e-mail and telephone number listed on the CFUW website _____.

Signature _____ Date _____