



CFUW Oakville
2026-2027 Membership
Realizing Potential For All Women.

Membership in CFUW Oakville is open to all women who support the goals of CFUW. You may have a degree, a diploma, a professional designation or life experience.

To submit your application by email, please download and save the document under your name using the format LastName FirstName 2026. Fill in **all** sections, save the completed form, and email to membership@cfuwoakville.ca or print and complete the form, then mail it to CFUW Oakville, Box 30048, 478 Dundas Street W., Oakville, ON L6H 6Y3.

NOTE: Information received after October 19, 2026, WILL NOT be included in the Directory.

First Name		Last Name	
Former Names			

- ☐ **I am renewing my membership.** If there are no changes, please go to the next page.
If there are changes, please note only the changes below.
- ☐ **I am applying for membership.** Please complete the information below

Contact Information

Street		City	
Province		Postal Code	
Primary Phone		Alternate Phone	
Primary Email		Alternate Email	

Educational: (degree, diploma, professional designation, or life experience) Maximum of two

Qualifier	Year	Subject	School/Organization	Location

Interest Groups

CFUW Oakville Interest Groups are listed at CFUWOakville.ca. Current members are to notify the [Interest Group Chair](#) if they leave a group.

New members must contact the [Interest Group Chair](#) to join Interest Groups.

Participation in all interest groups is limited to members whose 2026-2027 dues are paid in full.

Volunteering

As volunteers run the Club, we rely on our members to take on Club responsibilities. Please identify any skills you would like to use in the running of the Club.

- | | |
|---|---|
| ☐ Communications (Newsletter, social media, etc.) | ☐ Information Technology (website, Zoom, etc.) |
| ☐ Planning and organizing (hospitality, events, etc.) | ☐ Advocacy (Research, writing, etc.) |
| ☐ Governance (board experience an asset) | ☐ Finance (Treasurer, accounting) |
| ☐ I wish to be contacted directly to discuss volunteer opportunities and what I can offer. | |

Please contact [Membership Chair](#) with any questions.

Fees

Submit form:

- email the completed form to membership@cfuwoakville.ca
- OR print and complete the form then mail it to
CFUW Oakville, Box 30048, 478 Dundas St. W., Oakville, ON, L6H 6Y3

Pay fees:

- send fees via E-transfer to fees@cfuwoakville.ca
INCLUDE member's name with E-transfer and specify Additional and Optional amounts
- OR mail a cheque payable to CFUW Oakville to the address above

Mandatory donation:

- Regular, Dual, and Student member fees include a \$25 Scholarship Fund Donation. A receipt will be issued

<i>Please enter the amount you are paying for your membership category and any optional items and submit the total amount.</i>		
Regular Member	\$129.00	
Regular member after January 1, 2026	\$104.00	
Dual Member (Oakville is 2nd Club) Primary Club:	\$ 74.00	
Student Member	\$ 64.50	
Life or Honorary Member No charge	\$ 0.00	
TOTAL MEMBERSHIP FEE		\$
Additional and Optional		
Scholarship Fund Donation (a receipt will be issued)		
Mailing your Member Directory to you	\$ 5.00	
CFUW Oakville Name tag	\$ 15.00	
Magnet Closure ☐	Pin Closure ☐	
TOTAL PAYABLE		\$

Privacy

CFUW Oakville is committed to safeguarding the privacy of its members, including personal information collected in the process of Club operation, maintaining our website, and publishing our directory and newsletter. Personal information is defined here as: a member's address, phone number(s), email address, and educational background. Information collected will not be used by the organization or any of its members for commercial purposes. By completing this form, you are agreeing to have identifying information provided above included in the CFUW Oakville Directory, to have your first name in the newsletter, and to receive CFUW Oakville information via email unless you manually opt out below. ***Surnames, phone numbers, and email addresses are never shown on the website.***

By completing this application, you agree to this waiver involving participation in Interest Groups which have some form of physical activity and which is not already covered by other Insurance arrangements (either by CFUW or personal)

☐

I do not wish to be in the Directory.

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I do not wish to be contacted (except for membership purposes) or have my name listed anywhere.

Date: