

STUDENT MEMBERSHIP APPLICATION / RENEWAL

INFORMATION REQUIRED: STUDENT MEMBER				
Name of Full-time Student Applicant:				
Email Address: Referred by:				
Address:			City:	Province:
Postal Code: Telephone:		Cell:	Website:	
INTERESTS & PRIORITIES:				
WOULD YOU BE WILLING TO PARTICIPATE ON THE FOLLOWING COMMITTEES?				
Program		1	Membership	
Publicity			Resolutions	
Advocacy		,	Woman of the Year	
Newsletter		\	Website	
Constitution & By-laws		A	Archives	
Arts, Culture and Heritage		E	Education	
Environment		ŀ	Health, Child & Family	
Seniors		I	Hostess & Hospitality	
Status of Women & Human R	lights			
ANNUAL PAYMENT				
STUDENT MEMBER FEE	\$20.00			
Please make your cheque payable to: Please return cheque, form and student status to: Montreal Council of Women Vice President Membership, Montreal Council of Women P.O. Box 72117, 151 Atwater Ave., Montreal, OC H3J 2Z6				