



CNWE

**CATHOLIC NETWORK FOR WOMEN'S EQUALITY
RÉSEAU CATHOLIQUE POUR L'ÉGALITÉ DES FEMMES**

MEMBERSHIP FORM

*Please send this signed membership form with your cheque made out to "CNWE" to:
CNWE, Box 19594, 55 Bloor St. West, Toronto, ON, M4W 3T9, Canada*

1

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (home) _____ (work/cell) _____

Email address _____

2

PLEASE CHECK ONE: New membership Renewal of membership

3

PLEASE CHECK ONE:

\$50.00 annual CNWE membership

\$25.00 students and those unable to pay
the full annual membership fee

\$80.00 annual CNWE couple membership

\$60.00 annual international membership

optional additional donation to CNWE of \$ _____

4

To facilitate networking, CNWE sends out the membership list once a year, only to members. (We do not otherwise release membership information). If you would prefer not to have your name on the membership list, please check below:

DO NOT include my name and contact information on the membership list.

5

Waiver Form – April 1, 2018 to March 31, 2019 (as per the Corporation Act)

I, (Print Name) _____, consent to waiving an audit of the books of the Catholic Network for Women's Equality for the period April 1, 2018 to March 31, 2019.

Date: _____ Signature: _____

PLEASE CHECK THAT ALL 5 OF THE ABOVE BOXES HAVE BEEN FILLED OUT