

CANADIAN FEDERATION OF UNIVERSITY WOMEN/CALGARY

Website: www.cfuwcalgary.ca

2020-21 REGISTRATION FORM FOR RETURNING MEMBERS

NAME: _____
Dr. Ms. Miss. Mrs.

Address: _____
Street City Postal Code

Email Address: _____ Home phone: _____
(please print clearly)

Cell phone: _____ Business phone _____

Occupation: _____

Suggestions: Do you have any recommendations for interest groups, speakers or activities?

MEMBERSHIP DIRECTORY

If you wish to receive a printed copy of the membership directory, the cost is \$5.00. Otherwise you will receive an electronic copy.

Do you wish to receive a printed copy? _____

Are you willing to have your photograph published in the Membership Directory?
YES ___ NO ___

To be listed in the Membership directory, please submit your CFUW Calgary membership application by **October 31, 2020**.

REMITTANCE:

Annual Membership Dues: Option A	\$130.00 –Membership (\$30 tax receipt)
Option B	\$100.00 – Membership only
	\$ 50.00 - Full-time Student
	\$ 60.00 - Recent graduate, first two years after graduation
	\$ 75.00 - Full Member (joining after Feb 1)

Membership Directory (paper): \$ 5.00

TOTAL: _____

Please combine (membership fees and printed directory cost) with your payment.

IF YOU WOULD LIKE TO ADVERTISE YOUR BUSINESS...

I would like to include my business card in the newsletter as advertising (at a cost of \$10.00 per issue for eight issues, September through April). Yes _____ No _____

If Yes, please mail your business card and a cheque payable to

CFUW Calgary to: Publications Editor, Charlene Beckie
218 Discovery Ridge Terrace SW
Calgary, AB T3H 5T6
crandonsbeckie@gmail.com

Deadline is 3 weeks prior to the publication and printing of the newsletter.

If you have any changes to your contact information or updates, please make a copy of this membership form and bring it to the Coffee Party on September 12, 2020

**OR Mail your membership application with your cheque payable to
CFUW Calgary to: PayPal Options will be available through**

Membership Convenor, 2108 - 18A Street SW
Calgary, Alberta T2T 4W2

For more information call 403-669-7148
or email robertataylor294@gmail.com

For Insurance Purposes, CFUW/Calgary has on record your agreement to the following waiver:

I, the undersigned, may choose to participate during this year in all club activities and in one or more study or interest groups organized by members of the Canadian Federation of University Women—Calgary Club. I acknowledge that some groups involve participation in a physical activity, and that this may involve physical exercise and occasional personal body contact. I acknowledge that CFUW Calgary carries no insurance for the benefit of club members or study or interest group participants against injury to them. As a condition of, and in consideration of my participation in any interest group, I, for myself, my heirs, and personal representative, assume any and all risk of injury and do hereby agree to indemnify and hold harmless the group convenor (instructor), CFUW—Calgary, and the members of its executive in respect of any and all liability (including legal fees and costs for all claims, actions, negligence, arising out of ability while participating in the study of interest group(s)). I agree to follow explicitly all the instructions given to group participants by the convenor (instructor) during the group sessions, including instructions to participate at a pace or to a degree that is appropriate for me. I further state that, to the best of my knowledge, I am in appropriate physical condition to participate in any group in which I become a participant.

PRIVACY POLICY:

*The information provided for this application form will be only be use to complete your membership application as a member of CFUW/Calgary. Your information WILL NOT be shared with a third party for any reason.