



Canadian Federation of University Women Calgary

Website: www.cfuwcalgary.ca

2021-22 RETURNING MEMBER APPLICATION

NAME: _____

ADDRESS: _____
Street City Postal Code

EMAIL: _____

PHONE: Home: _____ Cell: _____ Business _____

Occupation: _____

Hobbies /Interests not yet noted _____

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

MEMBERSHIP DIRECTORY

To be listed in the Membership directory please complete your application for CFUW Calgary membership by October 31, 2021.

Are you willing to have your photograph published in the Membership Directory?

YES _____ NO _____

You will receive an electronic copy. Do you wish to receive printed copy at the cost of \$10? _____

REMITTANCE:

Annual Membership dues	_____	Full Member – Option A \$130 (tax receipt for \$30)
		- Option B \$100 membership only
	_____	Full Time Student - \$50
	_____	Recent Graduate (2 years after Grad) - \$60
	_____	Membership after February 1 - \$75
	_____	Membership directory (paper) - \$10

Total: _____

Electronic (e) transfer to cfuwcalgarytreasurer@gmail.com

Cash or check also accepted (bring along with forms to meeting)

Membership Questions, contact Jane Keyser 403-243-0474

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.

For Insurance Purposes, the Executive of CFUW Calgary requests that each member sign 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.

Signature: _____

Date: _____

PRIVACY POLICY:

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