

NEW CFUW MEMBERSHIP APPLICATION 2023-06-01 to 2024-05-31

Canadian Federation of University Women/Calgary Website: <https://www.cfuwcalgary.ca/>

Full Member status

- Option A \$130 (includes \$30 tax receipt)
- Option B \$100 membership only
- Full Time Student (\$50)
- Dual Member (\$50)
- Recent Graduate (2 years after Grad) (\$60)
- Membership after February 1 (\$75)

A printed copy of the membership directory \$10

Last Name: _____

First Name: _____

Maiden Name: _____

Education(Degree/Institution/Year): _____|_____|_____

Occupation: _____

Previous Occupation: _____

Other Club: _____

Address: _____

City: Calgary AB

Postal Code: T__ __

Home landline: __ - __ - ____

Cell phone: __ - __ - ____

Email: _____@_____

Dues payment by e-transfer is preferred to cfuwcalgarytreasurer@gmail.com. No question/answer required. Please note your membership options/details in the e-transfer message box. OR pay by cheque to: Treasurer 3921 45th St SW Calgary T3E 6P2

Please fill out the form and waiver and email your membership details to:
cfuwcalgarymembership@gmail.com

Regards,
Membership CFUW-calgary

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 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.