



NEW CFUW MEMBERSHIP APPLICATION 2025-06-01 to 2026-05-31

Website: www.cfuwcalgary.ca

Annual regular membership fees include:

CFUW Calgary: \$40 CFUW Alberta Council: \$5 CFUW National: \$55
Regular fee Options: \$100
 \$130 which includes \$30 tax receipt for donation to Scholarship Fund

Other membership options:

- Full Time Student \$50
- Dual Member \$50 (for non-primary membership)
- Recent Graduate (up to 2 years after Grad) \$60
- Joining after February 1: \$75

Fee for a printed copy of the membership directory is \$10.

Last Name: _____
First Name: _____
Maiden Name: _____
Address: _____
City: Calgary AB
Postal Code: ____ ____
Home/landline: ____ - ____ - ____
Cell phone: ____ - ____ - ____
Email: _____
Education(Degree/Institution/Year): _____|_____|_____
Current Occupation: _____
Previous Occupation: _____
Other Club: _____

Dues payment by e-transfer is preferred to cfuwcalgarytreasurer@gmail.com. No question/answer required. Please note your membership choice in the e-transfer message box OR pay by cheque and mail to: **CFUW Calgary Treasurer**
502 Radley Way SE, Calgary T2A 5X7

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 in 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.

