

Canadian Federation of University Women/CalgaryWebsite: www.cfuwcalgary.ca**2017-18 NEW MEMBER APPLICATION**

Category of Membership _____ Full Member
_____ Full Time Student
_____ Recent Graduate
_____ Membership after February 1, 2016

NAME: _____

Dr.

Mrs. Ms. Miss

ADDRESS: _____

Street

City

Postal Code

PHONE: Home: _____ Cell: _____ Business _____

EMAIL: _____ (2) _____

Educational Information

Degree(s) _____ University _____

Year(s) Granted _____ Major _____

Minor _____ Diploma _____

Occupation: _____

Hobbies/Interests: _____
_____**In which other CFUW Clubs have you been a member?**
_____**What positions have you held at the Executive level of CFUW?**
_____**In Calgary _____ Other CFUW locations _____****What positions would you like to be invited to hold? _____**

Membership Directory (paper): \$ 5.00

Total: _____

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
Gail Cooper
502 Radley Way SE
Calgary, AB T2A 5X7
gecooper2@gmail.com

Deadline is 3 weeks prior to each month's newsletter setup and printing.

If you have found this application on our website, do make a copy and bring it to the Coffee Party on September 9, 2017 10:00AM at Woodcliff United Church 5010 Spruce Dr SW or mail it to the Membership Convenor.

Please bring this form to the coffee party or mail it with your cheque payable to CFUW Calgary to:

Membership Convenor
64 Patina Terrace SW
Calgary, Alberta T3H 4M8

For more information call 403-290-1565 or email: delsr@telus.net

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 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.

DID YOU REMEMBER TO ...

- ✓ Fill out all the required information on both pages of this application form?
- ✓ Sign the above waiver?
- ✓ Agree/disagree to have your photo published in the Directory?
- ✓ Enclose your cheque made out to CFUW Calgary