



Canadian Federation of University Women/Calgary

Website: www.cfuwcalgary.ca

2018-19 NEW MEMBER APPLICATION

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

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? _____

What organizational skills can you offer the club?

Accounting _____ Publications _____ Secretarial _____

Publicity _____ Other _____

Please submit any suggestions for interest groups:

What type of interest groups would you like to: join start up lead?

What type of speakers or activities would you like to suggest:

How did you hear about CFUW Calgary?

Newspaper? Which one? _____ Other publications _____

Friend or acquaintance? _____ Other source _____

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 printed copy? _____

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

YES _____ NO _____

To be listed in the Membership directory please complete your application for CFUW Calgary membership **by October 31, 2018.**



REMITTANCE:

Annual Membership Dues: \$130.00 Full Member
\$ 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: _____

If you have found this application form on our website

Do make a copy and bring it to the
Coffee Party on September 8, 2018—9:30AM
Woodcliff United Church, 5010 Spruce Dr SW.

Or mail this form with your cheque payable to CFUW Calgary

Membership Convenor
64 Patina Terrace SW
Calgary, Alberta T3H 4M8
For more information call 403-290-1565 or email drath773@gmail.com

OR

Download this application form from the, complete it and email it along with your e-transfer to
membership@cfuwcalgary.ca

Question: When was CFUW Calgary established? Answer: 1923

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 each month's newsletter setup and printing.



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