

CFUW Strathcona County Membership Application Form

Title: -----

Last Name: -----

First Name(s): -----

Address: -----

Contact Information:

Telephone: -----

E-mail: -----

Post-Secondary Education (optional): -----

How did you find out about CFUW?

Friend _____ Newspaper _____ Internet _____ Other _____

Membership dues include

Club dues; national (CFUW dues); international dues and provincial/regional dues:
Total: \$100.

Please read and sign the following:

1. Privacy Protection for Strathcona County CFUW

The Strathcona County CFUW group publishes a directory and maintains an internet website. Under the Personal Information Protection Act (PIPA), the organization needs permission to print/post images or information about the members. **The directory is circulated ONLY to members.**

Please indicate your choices for items a and b.

a. We ask for your permission to publish your name and contact information in the club directory.

Yes ----- No-----

b. We ask for your permission to publish your picture on the club web page relating to club activity.

Yes ----- No-----

2. Insurance Purposes

For insurance purposes, the Executive of Strathcona County CFUW requests that each member understands the following waiver:

I, the undersigned, may choose to participate during this year in all club activities including one or more study or interest groups organized by members of the Strathcona County CFUW club. I acknowledge that Strathcona County CFUW carries no insurance for the benefit of club members, including study or interest group participants against injury to them. As a condition of, and in consideration of my participation in any Strathcona County CFUW activity, I, for myself, my heirs, and personal representative, assume any and all risk of injury and do hereby agree to indemnify and hold harmless leaders of the Strathcona County CFUW group in respect of any and all liability (including legal fees and costs) for all claims, actions and negligence arising as a result of participation in the Strathcona County CFUW activities.

Please indicate your choice.

Yes ----- No-----

Signed:-----

Date:-----