



# Women's Cultural Alliance 2019-2020 MEMBERSHIP FORM

*The membership year is from September 1 until August 31 of the next year.  
Dues received after March 1 will be applied to the next season.*

Please check one:  **NEW**    **RENEWAL** (PLEASE fill out the form completely and *PRINT CLEARLY!*)

Is there a change in your information from last year?    YES    NO

If you checked NO, just **LEGIBLY** print your name, fill in payment info, sign Event Waiver below, and mail to WCA/JFGN.

**Print Name** \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Email (*very important*) \_\_\_\_\_

Local Street Address \_\_\_\_\_ FL Community \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Florida Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Northern Address \_\_\_\_\_ No. Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Southwest Florida  Full-time    Part-time *from* \_\_\_\_\_ *to* \_\_\_\_\_

**NAME BADGES:** *New Members* receive a one-time name badge as a welcome gift from WCA/JFGN.  
*Returning Members:* If you need a new or replacement name badge, **please increase your fee by \$8.**

Print your name as you want it to appear on the badge \_\_\_\_\_

**MEMBERSHIP DUES: \$90** (*US Funds only, Minimum for the year; includes membership to the JFGN*):     \$ **90.00**

**I am also including a voluntary donation to the Federation in the amount of:**     \$ \_\_\_\_\_

**I am including \$8 for a replacement Name Badge:**     \$ \_\_\_\_\_

**Total enclosed or authorized:**     \$ \_\_\_\_\_

**I will be paying by check. Please make your check payable to JFGN/WCA.**

**I will be paying by credit card. Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Name on Card** \_\_\_\_\_ **CVV** \_\_\_\_\_

*Mail this SIGNED form (with your check or credit card number) to:*

**WCA/Jewish Federation of Greater Naples  
2500 Vanderbilt Beach Rd., Ste. 2201, Naples, FL 34109**

I would like to **VOLUNTEER** my services/expertise and would be willing to chair or co-chair an activity on the following topic or topics.

\_\_\_\_\_

**EVENT PARTICIPATION WAIVER.** *By signing below, I accept the terms of this waiver.*

As a participant in a WCA event,\* I, acting for myself, my heirs, executors, administrators, successors and assigns agree as follows: That I waive all rights, claims and/or causes of action of any kind whatsoever that I or my heirs, executors, administrators, successors and assigns may claim to have against either the Jewish Federation of Greater Naples, and/or the Women's Cultural Alliance, their members, agents, servants, and/or employees, for any loss, injury, or damage sustained by me while participating in a WCA event. This waiver and release shall be construed broadly under the Laws of the State of Florida.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Note: Certain higher risk events such as athletic activities or trips require an enhanced waiver to be signed. Contact your activity's director for more information.

For more information contact **Membership Director, Hope Abels** at **hopeabels@yahoo.com**