



Women's Cultural Alliance 2020-2021 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 Harriett Kleinman** at **hmkleinman@gmail.com**