



RENEWAL INVOICE

The Women's Cultural Alliance 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.

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

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

If you checked YES, just complete the NEW information, fill in payment info, sign Event Waiver below, and mail to JFGN/WCA. If there is information you want deleted from the WCA Directory, please write **delete** or **N/A** on that line.

Print Name _____ **Spouse/Partner Name** _____

Email (very important) _____

Local Street Address _____ **FL Community** _____

City _____ **State** _____ **Zip** _____

FL Home Phone _____ **Cell Phone** _____

Northern Address _____ **No. Phone** _____

City _____ **State** _____ **Zip** _____

In Southwest Florida Full-time Part-time from _____ to _____

NAME BADGES-RENEWING Members: If you need a 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**