



Women's Cultural Alliance 2018-2019 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 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: \$ _____

Total enclosed or authorized: \$ _____

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

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 executors, administrators, heirs, next of kin agree as follows: That I waive all rights, claims, cause of action, of any kind whatsoever that I or my heirs, legal representatives 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 pickleball, tennis, kayaking and biking require an enhanced waiver to be signed. Contact your activities director for more information.

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