



# 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: \_\_\_\_\_

<b>MEMBERSHIP DUES: \$90</b> (US Funds only, Minimum for the year; includes membership to the JFGN):	\$	<b>90.00</b>
<b>I am also including a voluntary donation to the Federation in the amount of:</b>	\$	_____
<b>I am including \$8 for a replacement Name Badge:</b>	\$	_____
<b>Total enclosed or authorized:</b>	\$	_____

**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**