

New member – Application & Survey #1, 4, 6       Renewing - Application & Survey # 4, 6



### Membership Application

(September 1, 2018 – August 31, 2019)

Cost \$25.00 for membership year    Membership # \_\_\_\_\_



Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ **Calgary, AB**

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I hereby consent to receive electronic communication from Go-Getters:**

Signature: \_\_\_\_\_

Please e-mail me the monthly newsletter:  
**Yes                  No**

Sex (M-Male, F-Female): \_\_\_\_\_

Do You Prefer contact via:     Phone or     E-mail

Birthday: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

**Person to Contact In Case Of Emergency:**

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ **Calgary, AB**

Relationship: \_\_\_\_\_



Partially funded by the City of Calgary Family and Community

**Essential Information In Case Of Emergency:**

Your Doctor's Name: \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Do you have any health or physical limitations?    Yes    No

If yes, please specify \_\_\_\_\_



Boundary \_\_\_\_\_ Bus Boundary \_\_\_\_\_ Other \_\_\_\_\_

**Volunteer opportunities:** (check areas of interest)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Bingo Kitchen/Canteen | <input type="checkbox"/> Bingo Floor Workers | <input type="checkbox"/> Baking          | <input type="checkbox"/> Annual Casino |
| <input type="checkbox"/> Cleaning              | <input type="checkbox"/> Monthly Luncheon    | <input type="checkbox"/> Phone Committee | <input type="checkbox"/> Decorating    |
| <input type="checkbox"/> Board of Directors    | <input type="checkbox"/> Special Events      | <input type="checkbox"/> Office          | <input type="checkbox"/> Gardening     |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The above information will be held in the strictest confidence & will be used for WHGG's use only.

Mailing address: West Hillhurst Go-Getters, 1940 6 Ave N.W., Calgary, AB T2N 0W3 PH# (403) 283-3720 FX# (403) 283-3744