

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



Membership Application

(September 1, 2019 – August 31, 2020)

Cost \$25.00 for membership year Membership # _____



Family Name: _____

Given Name(s): _____

Address: _____ **Calgary, AB**

Postal Code: _____

Telephone: _____

Cell: _____

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): _____

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 _____



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 West Hillhurst Go-Getters ("WHGG") is not liable for any injuries that may happen on or offsite (travel on our bus) while attending any Go-Getter activities, trips or classes. 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