Calgary Public Board of Education

RETIRED EMPLOYEES' ASSOCIATION

REGISTRATION FOR MEMBERSHIP

NAME (last)_____(first)_____

HOUSEHOLD MEMBER (last)_____(first)_____

ADDRESS (street)_____

(city)_____(province)_____(postal code)_____

CONTACT (phone)_____(e-mail) _____

Newsletters will be sent automatically by e-mail. If you prefer to receive your newsletter by regular mail, please check the following box ☐ regular mail.

RETIREMENT YEAR _____ Type of membership: ☐ retired CBE employee ☐ associate member

For associate members, please state your sponsor's name _____

FEES

Membership fee is $20.00 per membership year (September to August). Please make cheques payable to CBEREA. New CBE retirees are entitled to a free limited time membership beginning on their last day of active employment..

VOLUNTEER ACTIVITIES We always have a need for volunteers to help keep the association healthy and viable. Would you be interested in serving as a volunteer in any of the following important areas?

☐ envelope stuffer ☐ office services ☐ executive position
☐ newsletter ☐ phoner ☐ activity leader _____ (please specify)

WAIVER FORM

In consideration of participating in the activities of the Calgary Board of Education Retired Employees' Association (CBEREA), I, for myself and heirs, waive any claims to which I may become entitled for loss, injury or damage. I also release the CBEREA and all other organizers, sponsors, representatives, their agents and employees assisting this Association from any claims for damages or injury suffered by me as a result of my participation in, or traveling to or from Association activities. In addition, I declare that I am in proper physical condition to participate in the activities I have chosen. I further acknowledge that there are some activities that I may participate in that could, in certain circumstances, result in physical injury.
I am aware that if I have my picture taken in a REA group it may be published in the CBEREA newsletter or on the website.

_____ SIGNATURE OF MEMBER

_____ SIGNATURE OF HOUSEHOLD MEMBER

_____ DATE

_____ PLEASE PRINT NAME

_____ PLEASE PRINT NAME

PLEASE RETURN TO:
CBE RETIRED EMPLOYEES ASSOCIATION
c/o F. E. Osborne Jr. High School - Room 205
5315 Varsity Dr NW
Calgary, AB, T3A 1A7

OFFICE USE ONLY
☐ Date processed _____
☐ newsletter sent
☐ membership cheque received for year _____
☐ entered in computer database