

NAME: _____
 PHONE NUMBER: _____
 EMAIL: _____
 MAILING ADDRESS: _____
 CITY/TOWN: _____ POSTAL CODE: _____

INTERESTS

	YES	NO
1. Would you be interested in joining a branch?	<input type="checkbox"/>	<input type="checkbox"/>
2. Would you be interested in joining any committees?	<input type="checkbox"/>	<input type="checkbox"/>
3. What type of events are you interested in?		
A) Founder's Day	<input type="checkbox"/>	<input type="checkbox"/>
B) Fall Workshops	<input type="checkbox"/>	<input type="checkbox"/>
C) ACWW's annual "Women Walk the World Day"	<input type="checkbox"/>	<input type="checkbox"/>
D) Other (please specify):		
4. Additional comments:		

PLEASE INDICATE IF YOU WOULD LIKE TO RECEIVE NEWSLETTERS VIA:

Post mail Email

SIGNATURE: _____

OFFICE USE ONLY:

SINGLE MEMBERSHIP ANNUAL FEE: \$10.00 NEW MEMBERSHIP RENEWAL
 SINGLE MEMBERSHIP PAYMENT METHOD: Cash Cheque Cheque no.: _____
 SINGLE MEMBERSHIP PAYMENT DATE: _____

Federated Women's Institute of Prince Edward Island
PEIWI SINGLE MEMBERSHIP FORM

KEEP PINK COPY OF THIS FORM FOR YOUR PERSONAL RECORDS