

PEIWI BRANCH MEMBERSHIP 2025-2026

Branch: _____

1. **PRESIDENT'S NAME** _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

2. **VICE-PRESIDENT'S NAME** _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

3. **TREASURER'S NAME** _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

4. **SECRETARY'S NAME** _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

5. NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

6. NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

7. NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

8. NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

9. NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

10. NAME _____ PHONE _____

MAILING ADDRESS _____

EMAIL _____

CHECK ONE: NEW Member | RETURNING Member | LIFE Member

Signatures of Executive:

PRESIDENT _____ VICE-PRESIDENT _____

SECRETARY _____ TREASURER _____

KEEP PINK COPY OF ALL FORMS FOR YOUR BRANCH RECORDS

PLEASE INDICATE HOW MANY MAILED NEWSLETTERS YOU REQUIRE EACH MONTH: _____