

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

INTERESTS

	YES	NO
1. Would you be interested in joining a branch?		
2. Would you be interested in joining any committees?		
3. What type of events are you interested in?		
A) Founder's Day		
B) Fall Workshops		
C) ACWW's annual "Women Walk the World Day"		
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: _____

KEEP PINK COPY OF THIS FORM FOR YOUR PERSONAL RECORDS

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