

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

I N T E R E S T S

	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) Handcrafts, Horticulture and Arts Show		
C) Fall Workshops		
D) Other <i>(please specify)</i> :		

4. Additional comments: _____

PLEASE INDICATE IF YOU WOULD LIKE TO RECEIVE NEWSLETTERS VIA:
 Post mail Email

SIGNATURE: _____

OFFICE USE ONLY:

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 2022-2023