

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 2021-2022**