



A. W. L. E.
ATLANTIC WOMEN in LAW ENFORCEMENT
Association Membership Form

(Please Print)

Name: _____

(Please print)

Home Address: _____

(Mailing) # _____ Street _____

City / Township _____ Province _____ Postal Code _____

Home Phone: (_____) _____

Area Code

Home E-Mail: _____

Agency: _____

Business Address: _____

_____ Street _____

City / Township _____ Province _____ Postal Code _____

Business Phone: (_____) _____

Area Code

Business E-Mail: _____

Title / Rank: _____ **Job Function/Posting:** _____

Membership fees are due before December 31 to be in good standing the following year.

Active (Voting) Membership _____ **Associate (Non- Voting) Member** _____

\$25.00 Reg Member fee enclosed: _____ **\$20.00 Assoc Member fee:** _____

Cheque # _____ **Make Cheques payable to AWLE; postdated not accepted.**

Cash _____

Payment Date _____ *(Feel free to attach your 'Business Card')*

Co-ordinator Use only: GIFT _____ **RECEIPT** _____

Return form and Payment to Membership Co-ordinator:

Cst. Beverly Bryant
RCMP B Division, S405
Box 9700, 100 East White Hills Rd.
St. John's, NL A1A 3T5
709-772-8002