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

Membership is accepted prior to January 31 for benefits in the same year!
Full (Voting) Membership_____ **Associate (Non- Voting) Member**_____
$25.00 Reg Member fee enclosed: ***$25.00 Assoc Member fee:***
Cheque # _____ ***Make Cheques payable to AWLE; postdated not accepted.***
Cash _____
Payment Date _____
Co-ordinator Use only: GIFT ___ RECEIPT ___

Return form and Payment to Membership Co-ordinator:

Cst. Beverly Bryant
RCMP B Division
Box 9700, 100 East White Hills Rd.
St. John's, NL A1A 3T5
beverly.a.bryant@rcmp-grc.gc.ca