



Atlantic Women in Law Enforcement (A.W.L.E.)
Membership Form
(Please Print)



Name: _____

Home Mailing Address: _____

No. Street Name

City Province Postal Code

Home Phone: _____

Home E-Mail: _____

Agency: _____

Job Title/Rank: _____

Business Mailing Address: _____

No. Street Name

City Province Postal Code

Business Phone: _____

Business E-Mail: _____

I am applying for:

- Active Membership (\$25.00 annually) Employed by or Retired from a Law Enforcement Agency
- Associate Membership (\$25.00 annually) (Non-Peace Officer Status)
- 7-Year Membership (\$125.00)
- Lifetime Membership (\$325.00)

Payment Method

- Cash Cheque/Money Order (No. _____) E-Transfer to **membership@awle.org**

Completed forms accompanied by payment can be mailed to:

Carol Campbell-Waugh
P.O. Box 48131
Bedford, NS, B4A 3Z2
Or E-Mailed to: **membership@awle.org**

For Coordinator Use Only

Date Received _____ Amount _____ Gift (Conference Attendees Only)

****IMPORTANT DATES****

January 31
Membership Deadline

February 1 – March 31
*Late Membership - \$5.00
extra charge to each
category*

April 1 onwards
*Membership applies to
following year*