



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)

*Receive "Notebook" by:
Email _____
or Canada Post _____*

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

****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**

Date Received _____ Amount _____ Gift (Conference Attendees Only)