



**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:** \_\_\_\_\_

**Job Title / Rank:** \_\_\_\_\_

**Function/Posting:** \_\_\_\_\_

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

Membership is accepted prior to January 31 for benefits in that current year!

**Full Membership** \_\_\_\_\_ **Associate (Non- Voting)Member** \_\_\_\_\_  
**\$25.00 Reg Membership fee enclosed:**

**Cheque #** \_\_\_\_\_ **Make Cheques payable to AWLE**

**Cash** \_\_\_\_\_

**ettransfer to:** treasurer@awle.org \_\_\_\_\_

**Payment Date** \_\_\_\_\_

**Co-ordinator Use only: GIFT** \_\_\_\_\_ **RECEIPT** \_\_\_\_\_

*Return form and Payment to Membership Co-ordinator:*

Cst. Joan Harty  
Fredericton Police Force  
311 Queen Street  
Fredericton, NB E3B 1C1  
506-460-2300  
membership@awle.org