



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 _____

etransfer to: treasurer@awle.org _____ *send a separate email message with the password and your name

Payment Date _____

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

Return form to Membership Co-ordinator:

Supt. Gina Walsh
6th Floor Sir Humphrey Gilbert
Building
165 Duckworth Street
St. John's, NL A1C 1G4
membership@awle.org