



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: _____ Job

Function/Posting: _____

(Feel free to attach your 'Business Card')

Membership is accepted prior to January 31 for benefits in that current 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 _____ **(please do not send cash in the mail)**

Payment Date _____

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

Return form and Payment to Membership Co-ordinator:

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