



HWN MEMBERSHIP FORM

PLEASE PRINT

Full name _____

Occupation/Title _____

Company/Business Name _____

Business Mailing Address _____

Home Mailing Address _____

Ph (W) _____ (H) _____

Fax _____ Cell _____

E-mail _____

Other Interests: _____

Affiliations/Memberships: _____

Interested in presenting a program to the membership? E.G. the nature of your business, specific project of your business, special travel, a community service that you provide or are involved in....

Yes: _____ Will consider: _____ No: _____

Interested in volunteering to help at a meeting:

Membership year runs from June 1st to May 31st .

Please check one:	Yearly Fee:
New Member	\$100.00
Renewing Member	\$100.00
Student	\$ 35.00
Corporate	\$150.00

Mail this form with cheque or money order to: The Halifax Women's Network
PO Box 48030 Bedford NS B4A 3Z2