



# cawes

Central Alberta Women's Emergency Shelter

## Membership Application

**POLICY STATEMENT:** All individuals applying for membership to CAWES must complete the application form and submit it to the Executive Director who will review the application. The application will then be presented at the monthly Board of Directors meeting for approval. Membership fee is \$20.00. If Membership is denied, the fee will be returned to the applicant.

Name: ..... Phone: .....

Address: .....

City: ..... Postal Code: .....

Email: .....

Method of Payment:

- Cheque Enclosed \_\_\_\_\_  \$20.00 Membership Fee
- Visa  \$\_\_\_\_\_ Donation
- MasterCard
- Other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Card Number: .....

Expiry Date: .....

Name on Card: .....

Authorized Signature: .....

Are You Interested in Becoming a Volunteer? Yes ..... No.....

Signature.....