



INTERNATIONAL WOMEN OF SASKATOON (IWS)

IWS Membership Form (New Member) 2019-2020

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Home): _____ (Work): _____

Email: _____

I consent to join the IWS Members email list: Yes No

Annual Membership Fee: Employed (\$10) Unemployed (\$5) Other Amount

Signature: _____ **Date:** _____