



INTERNATIONAL WOMEN OF SASKATOON (IWS)

IWS Membership Form (New Member)

Note: Complete the form in capital letters

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Home): _____ (Work): _____

Email: _____

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

Application Fee: ☐ Employed (\$10) ☐ Unemployed (\$5) ☐ Unable to pay

Signature: _____ **Date:** _____