



# Aspiring Women In Leadership & Legacy

## Membership Application Form

Email completed forms to: [info@awill.ca](mailto:info@awill.ca), or fax completed forms to: 780.570.5627

### Annual Membership Types (choose one)

<input type="checkbox"/>	<b>Voting Member</b>	<b>\$79.95</b> Women who have a genuine interest in the purposes of AWiLL.
<input type="checkbox"/>	<b>Voting Member Renewal</b>	<b>\$79.95</b> - all renewals completed <b>before November 16/16</b> receive one free member connect
<input type="checkbox"/>	<b>Supporting Member</b>	<b>\$159.90</b> Male individual having a genuine interest in the purposes of AWiLL (Non-Voting; this membership includes the benefit of sponsoring the annual membership of a female voting member.
<input type="checkbox"/>	<b>Group Member</b>	<b>\$239.85</b> Companies/Organizations who have a genuine interest in the purpose of AWiLL (includes three voting member privlidges).
<input type="checkbox"/>	<b>Student Member</b>	<b>\$29.95</b> A Student pursuing any secondary or post secondary studies full time and who have a genuine interest in the puposes of AWiLL.

### Voting Member Information (Includes Student Member)

Individual name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Group Membership Information

Name of Business: \_\_\_\_\_  
 Voting Member Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Voting Member Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Voting Member Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Business Mailing Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Supporting Member

Individual Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Named Voting Member: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Method of Payment

Enclosed Cheque Please make payable to Aspiring Women In Leadership & Legacy

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Credit Card  
 Circle Card Type: Master Card / Visa Name on Card: \_\_\_\_\_  
 Number: \_\_\_\_\_ CVV: \_\_\_\_\_  
 Postal Code of Credit Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ I authorize AWiLL to charge the credit card indicated in this form.

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E-transfer Please provide the best way to contact you & someone will help you set that up: \_\_\_\_\_

By submitting this form, I agree to receive information from AWiLL. I understand that Membership is governed by the AWiLL by-laws. AWiLL promises to keep your personal information completely private, it will never be sold or abused.

Signature of Applicant: \_\_\_\_\_ Date(d/m/yy): \_\_\_\_\_