



Cat Action Team
Mailing Address: P.O. Box 2193
Charlottetown, PE
C1A 8B9

Membership Application Form

☐ **New Member** ☐ **Renewal**

Membership Terms: 1 year - Individual \$5.00

☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Miss**

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Address including Civic #): _____

City: _____ **Province:** _____ **Postal Code:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

E-Mail: _____

Signature of Applicant X _____

Date of Application/Renewal _____

I would like to become a volunteer ☐ **Yes** ☐ **No**

Please Note: The completed and signed membership application form has to be received by the Cat Action Board before December 31st in order to vote at the AGM the following year.

For office use only

Payment Information: ☐ **Cheque** ☐ **Cash**

Date membership card Given Out/Mailed _____

Signature of CAT Board Member _____