



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

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## 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 31<sup>st</sup> in order to vote at the AGM the following year.

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### For office use only

Payment Information:    Cheque                       Cash

Date membership card Given Out/Mailed \_\_\_\_\_

Signature of CAT Board Member \_\_\_\_\_