



**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 \_\_\_\_\_