

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

Membership Application Form

New Member		Ren	ewal						
			- Individu	ıal \$10 00					
Wichibers	siip i ci i	ns. 1 year	- Illuiviu	ιαι ψιυ.υυ					
Mr.	Ms.	Mrs.	Miss						
First Name:		Middle Nam		lame:	Last Name:				
Address ((includin	g civic #):							
City:	City:		rovince:		Postal Code:				
Home Phone:					Work Phone:		Fax:		
E-Mail:									
Signature of Applicant X									
Date of A	pplicatio	on/Renewa	al						
I would lik	te to become	me a volu	nteer Y	es No					
				nembership vote at the A				ved by th	e Cat Action
For office	e use only	7							
Payment Ir	nformatio	n: Ch	eque	Cas	sh				
Date memb	bership ca	ard Given	Out/Mailed	1					
Signature of	of CAT B	oard Mem	ıber						