

**Women's Association of Memorial University of Newfoundland
Membership**

Personal information will not be used or disclosed for purposes other than the sharing of information between WAMUN members. Initial here _____ if you do **not** wish your contact information to be displayed on the membership list. In compliance with the Anti-spam law, you need to indicate here _____ if you wish to receive emails from WAMUN, such as notice of meetings and other items of interest.

Name _____

Home Address _____

City/Town _____ Province _____ Postal Code _____

Other contact information (optional)

Telephone (home) _____ (work) _____ (cell) _____

E-mail _____

MUN Department _____ c/o _____

Membership Fee: New _____ Renewal _____ \$15

Newsletter: to email address provided above (n/c) _____
to university address as above (n/c) _____
to home address (add \$5 for postage) _____

Amount enclosed: (Cheques payable to **WAMUN**) _____

Mail to: WAMUN
Arts and Administration Bldg., Mail Room Box 130
Memorial University
P.O. Box 4200
St. John's, NL, A1C 5S7

Special Interest Groups: Indicate below any group you may be interested in attending. Visit our website at www.mun.ca/wamun for further information about our activities.

Book Discussion – Non Fiction _____	Coffee Group _____
Book Discussion – Fiction (2 nd . Tuesday) _____	Saturday Walking Group _____
Book Discussion – Fiction (4 th . Tuesday) _____	Monday Walking Group _____
Scrabble Group _____	Electronic Toys _____
Music Interest Group _____	Arts Happenings _____

Suggestions for other special interest groups:
