

Women's Association of Memorial University of Newfoundland Membership

Do you wish your contact information to be displayed on the membership list. Personal information will not be used or disclosed for purposes other than the sharing of information between WAMUN members.

Y__ N__

Do you wish to receive emails from WAMUN, such as notice of meetings and other items of interest.

Y__ N__

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
c/o Dept. Of Classics
Memorial University
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 _____

Book Discussion – Fiction _____

Scrabble Group _____

Electronic Toys _____

Music Interest Group _____

Coffee Group _____

Saturday Walking Group _____

Monday Walking Group _____

Snap & Chat _____

Arts Happenings _____

Suggestions for other special interest groups:
