



# New Member Registration Form

Women's Institutes of Nova Scotia

Please print all information.

Name:
Mailing address:
Postal code:
Telephone:
Email:
Date of birth:
Name of WI Branch you are joining:
Have you been a member of another WI Branch? Yes or No If yes, name of previous Branch and location:
Are you a volunteer for any other group?
What would you like to learn from the Women's Institutes of Nova Scotia?
Today's date:

Please return this form, along with your Membership Dues to:

*WINS Provincial Office  
Suite 207 - 90 Research Drive  
Bible Hill, NS, B6L 2R2*

or to the Secretary of your new WI Branch.

Your confidentiality is important to us. The Women's Institutes of Nova Scotia adheres to ***The Freedom of Information and Protection of Privacy Act***, and as such, will not release personal information collected on this form. Information collected will be used by the organization for record keeping purposes and for planning future program topics.