



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:
How would you like to receive Home and Country newsletters? Email or Print
Would you like to be added to the Federated Women's Institute of Canada email list? Yes or No
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 208 - 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.