



**Please send to:** Membership  
 PO Box 8295 CSC  
 Halifax, NS B3K 5M1  
 Phone: (902) 406-7440  
 Email: [awens@eastlink.ca](mailto:awens@eastlink.ca)

**MEMBERSHIP REGISTRATION FORM**

**Date:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**You are a**     **New Member** or     **Renewal Member**

**Status:**     **Full Member** - a member who has delivered, or is delivering, a workplace education program under the NS Workplace Education Initiative.  
 **Associate Member** - a member who supports the objectives of workplace education but has not delivered a workplace education program under the NS Workplace Education Initiative.

**Please check the NS Workplace Education Initiative region where you instruct or reside or identify the province where you are located.**

**NS REGION:**         **CAPE BRETON**         **NORTHERN STRAIT**         **NORTHERN CENTRAL**  
 **VALLEY**                 **SOUTHWESTERN**         **METRO**

**OR PROVINCE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE: WORK (902)** \_\_\_\_\_ - \_\_\_\_\_        **HOME (902)** \_\_\_\_\_ - \_\_\_\_\_

**FAX NUMBER: (902)** \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**WEBSITE ADDRESS:** \_\_\_\_\_

- Please check this box if you wish to be included in our membership list, which is distributed to AWENS' members only.**
- Please check this box if you wish to establish a link to your website from the AWENS website.**

**\*\* Please note that all information given is for office use only and will not be transmitted to any third party.**

**Include cheque or money order for \$50 payable to: Association of Workplace Educators of Nova Scotia**

| FOR OFFICE USE ONLY |                   |                |              |                        |             |                   |
|---------------------|-------------------|----------------|--------------|------------------------|-------------|-------------------|
| PAYMENT RECEIVED    | PAYMENT DEPOSITED | RECEIPT NUMBER | RECEIPT DATE | MEMBERSHIP CARD NUMBER | EXPIRY DATE | MEMBERSHIP STATUS |
|                     |                   |                |              |                        |             |                   |