



Association of
**Workplace
Educators**
of Nova Scotia

Please send to:
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MEMBERSHIP REGISTRATION FORM

Name: First: _____ Last: _____

Region (Please circle the Workplace Education Initiative Region that you instruct in.)

CAPE BRETON

NORTHERN

METRO

NORTHERN/STRAIT

SOUTHWESTERN

VALLEY

Mailing Address:

Phone: Work (_____) _____ - _____ Home (_____) _____ - _____

Fax Number: (_____) _____ - _____

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**.

Payment Deposit Date	Membership Expiry Date	Renewal Notice Date
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