



2016-17 Membership

Please complete the following:

First Name: _____ Last Name: _____

Organization (if applicable): _____

Position (if applicable): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

Website: _____

Membership:

- | | |
|--|-----------|
| <input type="checkbox"/> Regular Member – Individual (18 and over) | \$5.00 |
| <input type="checkbox"/> Associate Member – Individual (under 18) | No Charge |
| <input type="checkbox"/> Regular Member – Organization | \$25.00 |
| <input type="checkbox"/> Associate Member - Organization | No Charge |

I give my permission for my contact information to be shared with other STOPS to Violence members.

- Yes
 No

I give my permission to be listed as a member on the STOPS to Violence website.

- Organizations - please ensure you have provided your full organization name and website above
 - Individuals - please note that your contact information will not be published on the website, only your name.
- Yes
 No

I would like to receive the STOPS eBulletin (available through email only).

- Yes
 No

Please return this form and payment to:

STOPS to Violence
215-1102 8th Avenue
Regina, Sask. S4R 1C9

Thanks for your interest in STOPS to Violence! We look forward to working with you.