



Membership Form 2012

Please support the Network by filling out this form to become a member. With your \$15.00 membership you will receive *Living with FASD* two times each year, our newsletter, *Network News*, four times each year, plus copies of all Network materials and notices of upcoming events and workshops.

We value and appreciate your support! Please check all that apply.

- I wish to become a new member of the FASD Support Network of SK.
- I am renewing my membership with the FASD Support Network of SK.
- I am a parent or caregiver of an individual with FASD.
- I am enclosing my \$15.00 membership fee.
- I am enclosing a donation in the amount of \$ _____
(charitable donation receipts for donations over \$10.00)
- I have included my email address. I wish to be added to the Network's email list.

Name: _____

Organization (if applicable): _____

Address: _____

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

Phone: _____ Fax: _____

Email: _____

Date Submitted: _____

Please mail along with payment to:

FASD SUPPORT NETWORK OF SASKATCHEWAN INC.

510 Cynthia Street, Saskatoon, SK S7L 7K7