



Membership Form 2010

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!

- I wish to become a new member of the FASD Support Network of SK for the 2010 year
- I am renewing my membership with the FASD Support Network of SK for the 2010 year.
- I am a parent or caregiver of an individual with FASD. I will have voting privileges.
- 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 and wish to be added to the Network's email list so that I can receive information about resources and events.

Name: _____

Organization (if applicable) : _____

Address: _____

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

Phone: _____ Fax: _____

Email: _____

Date Submitted: _____

FASD SUPPORT NETWORK OF SASKATCHEWAN INC.
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