

# SANSAD

## Membership Form

**I agree with the beliefs and objectives of SANSAD and wish to join the organization. I enclose my membership fees for the current year.**

\_\_\_\_\_ **\$5.00 Low Income**  
(individual or organization)

\_\_\_\_\_ **\$25.00 Regular**  
(individual or organization)

\_\_\_\_\_ **Donation**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone (Home):** \_\_\_\_\_

**(Work):** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_