INVOICE FOR 2015-2016 MEMBERSHIP OR RENEWAL

FACTURE POUR RENOUVELLEMENT D’ADHESION 2016-2017

Please indicate the category. *Veuillez indiquer la catégorie:*

Student/*Étudiant* (please attach photocopy of appropriate ID) $ 30.00 ⬜

Individual/*Individuel* $ 50.00 ⬜

Agency/*Organisme* $ 150.00 ⬜

Please indicate if this is a new membership or renewal: **New** ⬜ **Renewal** ⬜

Payable by: Cheque # \_\_\_\_\_\_\_\_\_\_ (made out to Canadian Association for Suicide Prevention.)

Name of contact person/*Nom:*

AGENCY/*ORGANISME*:

ADDRESS/*ADRESSE*:

CITY/*VILLE*:

PROVINCE, Postal Code/*Code postal*:

Business/*Bureau* ( )

Fax/*Télécopieur*  ( )

E-Mail/*Adresse électronique*

Residence/*Domicile* ( )

For Agency Membership please indicate

Number of staff \_\_\_\_\_\_\_\_ and volunteer’s \_\_\_\_\_\_\_\_ Crisis Centre □

*Pour une adhésion d’organisme, veuillez s’il vous plait indiquer,*

*la quantité d’employés \_\_\_\_\_\_\_\_ et de bénévoles \_\_\_\_\_\_\_\_ centre de crise* □

By providing your email below you agree to receive CASP’s news, email updates, promotions and future membership renewal notices. You can withdraw your consent at any time by emailing [casp@suicideprevention.ca](mailto:casp@suicideprevention.ca).

email contact/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_