

Membership Renewal Form

YES! Count me in as a member of SNAP! I'd like to join at the rate below:

- \$ 10.00 for **individual** membership/ year, \$20.00/2 years \$30.00/years
 \$ 25.00 for **families**, \$50.00/2 years \$75.00/3 years

- \$ 25.00 for **institution, corporation or organization**, \$50.00/2 years \$75.00/3 years

I am adding a \$_____ **donation** to further support this crucial work!

(Sorry, not tax deductible at present as we do not have charitable status.)

Please send your check or money order to **SNAP; 15 Olson Place, Regina, SK, S4S 2J6**

Name _____ and/or _____ same address

Organization _____

Address _____

Town, City _____ Province _____ Postal Code _____

Tel _____ fax _____

Email _____ YES, I want to receive action alerts by
email
