



Canadian Network for the Prevention of
Elder Abuse

Réseau canadien pour la prévention des mauvais
traitements envers les aîné(e)s

Membership Form

Print this form, and mail or fax to us.

Please print your contact information very clearly, or we may not be able to get in touch with you.

First Name: _____

Last Name: _____

Organization (if applicable) _____

Your Mailing Address (include box number if applicable):

Street: _____

City: _____ Province/Territory _____ Postal Code _____

Phone Number: _____ Fax: _____

*Your Email (for news, updates): _____

Optional.

To help give us a good idea of the profile of our Network's membership, would you please provide us with a little extra information.

I am: (mark X on all that apply)

A Senior _____ Service Provider _____ Researcher _____ Educator _____

Clergy _____ Business Person _____ Other _____
(please specify)

You can mail or fax your application to: Attention: Charmaine Spencer,
Gerontology Research Centre, Simon Fraser University, Room 2800-515 West
Hastings Street, Vancouver, BC, V6B 5K3. Fax: (778) 782-5066.