

MINNESOTA NETWORK ON ABUSE IN LATER LIFE

MEMBERSHIP APPLICATION FOR NEW AND RENEWING MEMBERS

January - December 2006

Applicant _____ Organization _____ Individual _____

Contact person, if applicant is an organization _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web site address _____

The mission of MNALL is to promote networks of organizations and individuals through statewide community education to address issues of domestic and sexual abuse in later life, advocacy and perpetrator accountability.

Membership Fees: Individual = \$25.00/year Organization/Program = \$50.00/year

Enclose check payable to the MN Network on Abuse in Later Life. Mail to MNALL, PO Box 4565, St. Paul, MN 55104. For more information send an e-mail to info@mnall.org.

Member organizations and individuals agree to support and actively promote the mission of the Minnesota Network on Abuse in Later Life as indicated by signature:

_____, _____
Signature Title (if applicable)

Organization (if applicable) Date

MNALL has my permission to publish my name as a member: ____yes ____no