

ONTARIO ASSOCIATION FOR SUICIDE PREVENTION INC.

Membership Application

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

Interest: \_\_\_\_\_

Affiliation (if any): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Please indicate your membership preference.

- \$30 Individual Membership
- \$75 Organizational Membership
- Voluntary Tax Deduction
- Contribution \$ \_\_\_\_\_

**Please make cheques payable to  
Ontario Association for Suicide Prevention Inc.**

Mail Application Form to:

Attention: Karen Turchetto  
Ontario Association for Suicide Prevention Inc.  
19387 Glen Road  
Williamstown, ON, K0C 2J0

**Confidentiality**

I authorize OASP to release my name,  
address and phone number for the  
purpose of resource and referral only.

Please circle      Yes      No