

## **FATHERS-4-JUSTICE (CANADA)**

## **MEMBERSHIP APPLICATION**

\* indicates mandatory field

*Last name	::	*Given name(s):		
*Street add	lress:			
*City:		*Postal Cod	le:	
*Phone # 1	Area Code:	Phone #		
Phone # 2	Area Code:	Phone #		
Fax #	Area Code:	Phone #		
*E-mail (pr	int clearly):			(1)
Your involved your situation	ment as a member how	service organization and dever will most likely put y first hand experience wit industry.	ou in contact with pe	ople who share
Constitution		-Justice (Canada) you agreety and that you will abiden and bylaws.		
will be a rout		y the Board of Directors, in the however holds the right to unded to you.		
		s it is suggested that you suns of the national organization		
Membership	o fee enclosed	\$20		
Additional d	lonation enclosed	\$		
Total enclos	ed	\$ Cheque	cash _	
Make all ch	eques payable to Fat	hers-4-Justice (Canada	a) and send to the a	address below