

Safe OnLine Outreach Society

Membership Application Form

Date:

Name:

Address:

City, Province:

Country Postal Code:

Phone Number:

Email:

Would you like to receive SOLOS updates, press releases and bulletins?

Yes _____ No _____ (Updates will be sent via email.)

Would you be interested in being an active member of the Society?

Yes _____ No _____

Membership Dues

_____ Online Application (No donation)

_____ Individual Membership (\$1 or by Donation)

_____ Family Membership (\$3)

_____ Corporate Membership (\$100)

Payment Information:

_____ Cash ___ Check

(Please make cheques payable to the Safe OnLine Outreach Society)

*** Signature _____

*** By submitting this form, you are submitting a "virtual signature" verifying that the above is true and correct. Any form filled out and sent to us via email with a virtual signature will be considered a signed document and you will be bound by any terms and conditions set forth in the document itself.

PLEASE Return this Form by Email or Regular Mail

Safe OnLine Outreach Society,
PO Box 3006, Mission, B.C. Canada, V2V 4J3

www.safeonlineoutreach.com

info@safeonlineoutreach.com

Privacy of Personal Information: The Safe OnLine Outreach Society does not sell or lend its distribution lists to third parties nor do we divulge personal information about our members.