



# DRUG PREVENTION NETWORK OF CANADA

*NGO in Special consultative status with the Economic and Social Council of the United Nations*

## Membership Application

Type of membership: Individual \_\_\_\_\_ Organization \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

I hereby apply for membership in the Drug Prevention Network of Canada (DPNC) society. By signing below, I certify that I agree, or in the case of an Organization member, the organization that I represent agrees with the principals of the DPNC as stated in the Bylaws and below. Further, I understand that membership in the DPNC is at the discretion of the Board of Directors of the DPNC and may be revoked for due cause by the Board of Directors of the DPNC.

As a member of the DPNC, I agree to promote and advocate the following principles of the Drug Prevention Network of Canada:

1. A healthy lifestyle, free of illegal drugs;
2. No use of illegal drugs;
3. No abuse of legal drugs, alcohol, or solvents;
4. Oppose the legalization of drugs, which are currently illegal and harmful to human health.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail application along with the applicable Membership Fees to the address noted below.

Individual member - \$50.00

Affiliate Organization - \$200.00

Donation: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_