

COALITION AGAINST GUN VIOLENCE

• A Santa Barbara County Coalition •

JOIN US

PLEASE COMPLETE & RETURN THIS FORM TO CAGV.
This form is an enterable-PDF file & can be completed on your computer, saved, printed & sent to CAGV via snailmail. (Adobe Reader Recommended) Alternatively, print the form, complete by hand and return.

Individual Membership

I/we wish to join the Coalition Against Gun Violence.

Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Indicate Amount(s)

Annual Membership Dues \$25.00/person \$ _____

Donation (optional) \$ _____

Partner Organization Membership

Our organization has endorsed the Coalition Against Gun Violence's Principles, Goals and Agenda for Action. Please enroll us as a Partner Organization.

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Website URL: _____

Contact Person Name: _____

Title: _____ **Email:** _____

Indicate Amount(s)

Donation (optional) \$ _____

TOTAL ENCLOSED (Payable to CAGV) \$ _____

Please return this completed membership form along with your payment via the USPostal Service to CAGV • PO Box 699 • Summerland, CA 93067
sbcoalition.org

CAGV is a not-for-profit organization.

Contributions may be tax deductible and will be used to further our education efforts.