



International Network for the Prevention of Elder Abuse

MEMBERSHIP APPLICATION

To become a member, please fill in the following:

Date _____

Organization Information

Membership Criteria: (Please click here to select one)

Region Africa Asia Europe Latin America & Carribean North America Oceania

OrganizationName: _____

Does the Organization have NGO Status? Yes No Approximate Number of Members _____

Area of Service (Local, Country, Regional, etc.) _____

Brief description of Interests Expertise of Scope

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Contact Information

Title: _____ FirstName: _____ MI: _____ LastName: _____ Suffix: _____

Address: _____

City: _____ State/Province: _____ PostalCode: _____

Country: _____

e-mail: _____

Website: _____

Telephone Number: _____

(Country Code-Area Code-Phone#-Ext.)

**Please send this completed form to your Regional Representative.
Obtain your representative's information at <http://www.inpea.net/contacts.html>.**

International Network for the Prevention of Elder Abuse

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