



**YOUR Membership helps to:  
Stop Abuse For Everyone!**

Name: \_\_\_\_\_

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

City, State, Zip : \_\_\_\_\_

Closest Metro Area to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

**How did you find out about SAFE?**

\_\_\_ Your State's Chapter of SAFE (Stop Abuse For Everyone)

\_\_\_ Internet search

\_\_\_ News media article or broadcast

\_\_\_ Professional referral

\_\_\_ A friend

Other \_\_\_\_\_

**I want to help support the work of Stop Abuse For Everyone.**

\_\_\_ Enclosed is my check for US \$20.00 in annual membership dues

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

**Please send to SAFE International  
16869 SW 6th Ave PMB 212, Lake Oswego, OR 97035-7865  
(or you may join online using PayPal at [www.safe4all.org](http://www.safe4all.org) )**

**Your yearly membership begins immediately upon receipt.  
We will send you a welcome e-mail to confirm.  
Thank you for helping to "Make a Difference"!**