

**Thank you for your interest in joining
The Partnership for a Safer Lake County!**



Please fill out the following information:

Date: _____
Name: _____ Title: _____
Name of Organization: _____
Address: _____
Email: _____ Phone #: _____
Area of abuse (if applicable): _____
I want to be a member (Please circle one) Yes- Individual Yes- Organization

Membership candidates must align with the Partnership mission and vision of eliminating violence and abuse.

Please provide an overview of the organization or if application is for an individual your goals for this work:

Please provide a statement of interest for joining partnership and how you hope to contribute to the mission of the Partnership.

As a member, I would like to be listed as: _____
Additional comments or questions: _____

Membership fees:

- Annual membership fee for organizations ~ \$125.00
- Annual membership fee individuals ~ \$25.00

Please send via email to thepartnership@saferslakecounty or mail to:

The Partnership for A Safer Lake County
c/o A Safe Place (fiscal agent)
2710 17th St. Zion IL 60099
Phone: 847-731-7165 Extension 105