

**Nevada Coalition for Suicide Prevention  
ANNUAL MEMBERSHIP FORM**

DATE \_\_\_\_\_

**MEMBERSHIP TYPE (Please check one)**

INDIVIDUAL-active (\$25)

INDIVIDUAL-support (\$25)

NON-PROFIT AGENCY (\$60- 3 members or \$80 for 4 members)

FOR-PROFIT COMPANY (\$100- 3 members or \$120 for 4 members)

Please list up to 2 or 3 additional names and email addresses for organizations (profit and non-profit)

\_\_\_\_\_  
\_\_\_\_\_

**NAME & ADDRESS (Main Contact, if an organization - please print legibly)**

NAME

ORGANIZATION/AGENCY

PROFESSION/TITLE (Includes Survivor or Concerned Citizen)

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**CONTACT INFORMATION**

Preferred Contact Phone \_\_\_\_\_ (indicate – cell – home – work)

Work Phone \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**PAYMENT INFORMATION (checks made payable to Nevada Coalition for Suicide Prevention)**

CHECK (Check # \_\_\_\_\_)

CASH

MAIL TO: Nevada Coalition for Suicide Prevention  
205 N. Stephanie Street, Suite D #149  
Henderson, NV 89074

FAX to: (775)-689-2067

QUESTIONS: Janett Massolo 775-687-0847(jmassolo@health.nv.gov)

Office Use only – Date Received/Initials \_\_\_\_\_

Other Notes:

Form updated 11 2015