



**SILENT WITNESS NOVA SCOTIA**  
Membership Application Form

Member # \_\_\_\_\_  
(will be assigned by SWNS)

1. Date:\*

2. Name:\*

3. Address:

4. City:\*

5. Province:

6. Postal Code:

7. Phone: \*

8. Cell:

9. Fax:

10. Email:\*

11. Organizational Affiliation (only if applicable, max. 200 characters):

12. Position (max. 200 characters):

I am already a member of a local Silent Witness Chapter

Chapter Name:

I am interested in volunteering with a local Chapter

I would like to make an in-kind contribution

I would like to be notified when Silent Witness Exhibits or Presentations will be in my area

Describe your interest in Silent Witness Nova Scotia (max. 300 characters)

Describe any Silent Witness activities in which you have already participated (max. 300 characters)

\* Required field.

All information is strictly confidential and will be used only by Silent Witness Nova Scotia for purposes of communication and information.

*Giving voice to Nova Scotian women silenced by violence*