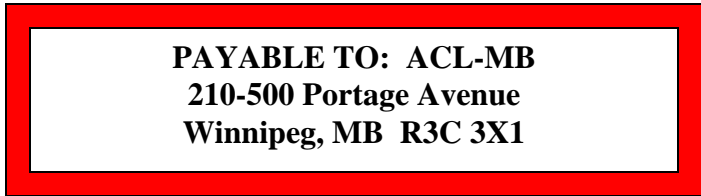


- Yes, I want to become a member for 2004 of the Coalition on Alcohol and Pregnancy. Membership expires December 31, 2004.
- My individual membership of \$ 15.00 is enclosed.
- Our organizational membership of \$ 50.00 is enclosed.



Organization \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Postal \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

General Description of FAS Involvement:

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

My major topic interest in FAS is \_\_\_\_\_  
\_\_\_\_\_

- I'd like to get involved in the Steering Committee of CAP - perhaps 5 meetings per year.
- We have a story about FAS that should be in the next newsletter.
- A brief write-up attached.
- Someone should interview us about our work.  
Contact person \_\_\_\_\_  
Phone Number \_\_\_\_\_

I'm seeking information about:

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

Thank you.