



Students Together Opposing Prejudice

Student's Name _____

GRADE _____ SEX M / F PHONE # _____

Does your family belong to a Religious Institution? _____

How did you hear about us? _____

HOME ADDRESS _____

Parents' Names _____

Cell phone # _____

Parent EMAIL(s) _____

Student EMAIL _____

I give permission for my child's photo to appear in newspapers or Promotion Material

Membership \$35.00

Make checks payable to S.T.O.P. and send to
S.T.O.P.
c/o Susan Murphy
40 Pondview Road
Sudbury, MA 01776