**MEMBERSHIP/REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please print clearly) | | | | | |  | | | | |  | | | |  | | | |
| **Name of Applicant** | | | | | |  | | | | | **Spouse/Partner** | | | |  | | | |
| **Address** | | | | | |  | | | | | | | | | | | | |
| **Telephone (Res)** | | | | | |  | | | | | **Telephone (Res)** | | | |  | | | |
| **Telephone (Bus)** | | | | | |  | | | | | **Telephone (Bus)** | | | |  | | | |
| **E-mail** | | | | | |  | | | | | **E-mail** | | | |  | | | |
| **Country of Birth** | | | | | |  | | | | | **Country of Birth** | | | |  | | | |
|  | | | | | |  | | | | |  | | | | | | | |
| **Name of Child(ren)** | | | | | | |  | | | |  | Age | | |  | | | |
|  | | | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | |  | # of Seniors in your home | | | | |  | |
|  | | | | | | | | | | |  |  | | | | | | |
| Membership to March 31, 2017 | | | | | | | | | | |  | | | | | | | |
|  | $15 | | | | Individual | | | | | |  | | $30 | Individual Profile (includes Registration) | | | | |
|  | | $25 | | | Family | | | | | |  | | $50 | Family Profile (Includes Registration) | | | | |
|  | | $10 | | | Student | | | | | |  | | $5 | Associate (Out of Province) | | | | |
|  | | | | | | | | | | |  | | | | | | | |
| **What activities would you like to participate in as a member of SACHM** | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | |  | | |  | | | | |
| **Signature** | | | |  | | | | | | |  | | | **Date** | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Do not write in this area | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | |
|  | | | New Membership | | | | | | Membership Fee: |  | | | | | | Membership # | |  |
|  | | | Renewal | | | | | | Date Fee Paid: |  | | | | | | Applicable Year(s): | |  |
|  | | | | | | | | | | | | | | | | | | |

***Members subscribe to the objectives of SACHM***

***and abide by it principles and policies*.**

**Or pay on line** [**http://www.sachm.org/custom.htm**](http://www.sachm.org/custom.htm)

**Make Cheques payable to SACHM, Box 1171, Regina, SK S4P 3B4**

**Thank you for your Membership.**