**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** |  |
|  |
|  |
|  |
|       |  |       |
| **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.**