**ORGANIZATION**

**MEMBERSHIP/REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please print clearly) | | | | | |  | | | | | | | | | |  | | |  | | |
| **Organization Name** | | | | | |  | | | | | | | | | | **President** | | |  | | |
| **Address** | | | | | |  | | | | | | | | | | | | | | | |
| **Telephone (Bus)** | | | | | |  | | | | | | | | | | | | | | | |
| **Telephone (Fax)** | | | | | |  | | | | | | | | | | | | | | | |
| **E-mail** | | | | | |  | | | | | | | | | | | | | | | |
| **Country of Origin** | | | | | |  | | | | | | |  | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |
| **Delegates/Members (up to 10)** | | | | | | | | |  | | | | | | | | | | | | |
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| **Membership to March 31, 2017** | | | | | | | | | | | | | **Extra Members** | | | | | | | | |
|  | $50 | | | | Local Organization | | | | | | | |  | | |  |  | | | | |
|  |  | | | | (up to 10 members, additional pay $10 each) | | | | | | | |  | | |  |  | | | | |
|  | | $100 | | | Provincial Organization | | | | | | | |  | | |  |  | | | | |
|  | | $10 | | | Associate Organization (Out of Province) | | | | | | | |  | | |  |  | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | |
| **What activities would your group 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*.**

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

**Thank you for your Membership.**