**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)** |  |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
|  |  |  |
| **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** |  |
|  |
|  |
|  |
|       |  |       |
| **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.**