



1. MEMBERSHIP FORM

Please fill out the following:

Name / Organization: _____

Contact Person: _____

Street Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **E-mail:** _____ **Fax:** _____

Signature: _____ **Date:** _____

Please circle one of the following options:

A MEMBERSHIP FEE OF \$50.00 (Group) * / \$20.00 (Individual) IS ENCLOSED

Please return this form along with your payment to:

Saskatchewan Intercultural Association Inc.
601b 1st Ave N, Saskatoon
SK S7K 1X7

*For multilingual schools with less than 40 students, the membership fee for 2018-19 will be \$30/year.

*** For office use only ***

Date Received: _____ New Due Date: _____

Authorized Signature: _____