



# MEMBERSHIP FORM

All memberships are in effect from January 1<sup>st</sup> to December 31<sup>st</sup> each year.  
Receipts for donations made before December 31<sup>st</sup> will be sent to you in February for your tax return.

**MEMBERSHIP**

Renewal                       New Member                       Gift Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Email: \_\_\_\_\_

I agree to abide by the goals of the SAS and hereby apply for membership.  
Payment is enclosed.

I consent to the SAS contacting me via email according to Canadian Anti-Spam Legislation (CASL).

Check Membership Choice:

<input type="checkbox"/> <b>Individual</b>	\$30.00	<input type="checkbox"/> <b>Institutional</b>	\$40.00
<input type="checkbox"/> <b>Family</b>	\$40.00	<input type="checkbox"/> <b>School</b>	\$40.00
<input type="checkbox"/> <b>Senior</b>	\$25.00	<input type="checkbox"/> <b>Student</b>	\$15.00
<input type="checkbox"/> <b>Life</b>	\$400.00	<input type="checkbox"/> <b>Couple Life</b>	\$500.00

**DONATIONS**

I wish to make a total donation of \$ \_\_\_\_\_ to the following:

**General Society Programs** (to be used for our many public education programs and activities, wherever needed). Amount: \$ \_\_\_\_\_

**Research Programs** (to be used for specific research programs and projects). Amount: \$ \_\_\_\_\_

**Zenon Pohorecky Memorial Bursary** (to build an endowment for an annual bursary for university students, in Dr. Pohorecky's name). Amount: \$ \_\_\_\_\_

**Keith Lewis Memorial Student Presentation Award** Amount: \$ \_\_\_\_\_

**You will be sent an income tax receipt for any donation above and beyond your regular membership fee.**

PAYMENT METHOD:  Cheque or Money Order (make payable to **SAS** and enclosed.)  
 MasterCard     Visa     Automatic Renewal Option (\*credit card # will be held on file)

Credit Card #: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Postal Code (associated with credit card): \_\_\_\_\_

**To submit this form:**  
**Mail:** #1-1730 Quebec Avenue, Saskatoon, SK S7K 1V9  
**Fax:** (306) 665-1928 with your credit card information.  
**Phone:** (306) 664-4124 with your credit card number.  
**Email:** General@TheSAS.ca

