



**Catholic Health**  
Association of Saskatchewan

**Personal Membership  
Application**

Membership Fee    \$30.00

Donation            \_\_\_\_\_

Total                \_\_\_\_\_

Receipts will be issued

**Catholic Health Association of Saskatchewan**

**2018 Membership**

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

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Thank you for your continued support to CHAS. Any additional donation would be greatly appreciated.

Please make cheque payable to:  
Catholic Health Association of Saskatchewan

Mail to:  
#104 - 3502 Taylor Street East,  
Saskatoon, SK S7H 5H9



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