



Catholic Health
Association of Saskatchewan

**Associate Membership
Renewal**

Membership Fee \$75.00

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 at this time.

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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