



Associate Membership Application

Membership Fee \$75

Donation _____

Total _____

Receipts will be issued

Catholic Health Association of Saskatchewan

2024 Membership

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Email Address: _____

Thank you for your continued support to CHAS. Please consider an additional donation as seem appropriate.

Please make cheque payable to:
Catholic Health Association of Saskatchewan.

Payment can also be made by e-transfer to membership@chassk.ca
Include a note indicating the purpose of your e-transfer.

Mailing Address: 601 Taylor Street West, Saskatoon, SK. S7M 0C9