



## Personal Membership Application

Membership Fee \$30.00

Donation \_\_\_\_\_

Total \_\_\_\_\_

Receipts will be issued

### Catholic Health Association of Saskatchewan

## 2024 - 2025 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](mailto:membership@chassk.ca)  
Include a note indicating the purpose of your e-transfer.

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