## 2025 PERSONAL MEMBERSHIP FORM

## PERSONAL INFORMATION

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Fee	:	\$30	Donation :			Total	:		
E-Mail	:								
City / Town	:		Province	:	Postcode	:			
Address	:								
Full Name	:								
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## PAYMENT

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: 214 Ave. M South, Saskatoon, Sk. S7M 2K4