



Vision
A Catholic community
empowered to continue Christ's
healing ministry.

Associate Membership Application

Catholic Health Association of Saskatchewan

Applicant Information

Organization:	
Contact Person:	
Mailing Address:	
City:	
Province:	
Postal Code:	
Phone Number:	
Email Address:	
Fee: \$75.00	Please Consider a Donation:
Date:	

Payment Information

By e-transfer

To pay via e-transfer, please send your payment to **membership@chassk.ca**. Be sure to include a note specifying the name of the organization for which the membership is intended and send this form to **peter@chassk.ca**.

By Cheque

Please return completed applications to:
Catholic Health Association of Saskatchewan
214 Avenue M South
Saskatoon, Sask.
S7M 2K4

For more information about CHAS membership, visit our website: chassk.ca or contact our office:
Mobile: 1-306-955-2427