



# Personal Membership Application

**Catholic Health Association of Saskatchewan**

## Applicant Information

<b>Name:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Fee: \$30.00</b>	<b>Please Consider a Donation:</b>
<b>Date:</b>	

## 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 who this payment is for 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](http://chassk.ca) or contact our office:  
Mobile: 1-306-955-2427