



Membership Application and Renewal Form

Membership Application or Renewal

All AIDS Saskatoon memberships expire on the 31st of December. Please use this form to renew your membership with us or to apply for membership with AIDS Saskatoon.

Membership Statement

I am in fundamental agreement with the goals of Aids Saskatoon and I promise to abide by the Bylaws of AIDS Saskatoon. I understand that failure to do so may result in revocation of my membership. Annual membership dues in the amount of \$10.00 for individuals and \$20.00 for organizations are due upon application, and renewable every January 1st thereafter. Membership fees will be waived for individuals who are unable to meet the fee requirement. Members 30 days in good standing are eligible to vote at the Annual General Meeting (AGM).

Name (please print): _____

I am applying for membership with AIDS Saskatoon

Address: _____

I am renewing my membership

City: _____ Province: _____ Postal Code: _____

Phone: _____ please e-mail copy connections

AIDS Saskatoon Office Use

Membership fee waived

Yes

E-mail address: _____

Received: _____

Entered by: _____

Signature _____ Date _____

Confirm sent: _____

Membership Fee/Donation

Enclosed is my renewal fee (\$10.00 for individuals and \$20.00 for organizations) and an (optional) donation of \$_____ to AIDS Saskatoon

For a total of \$_____ I would like AIDS Saskatoon to waive my membership fee

Please accept the enclosed cheque as my payment (payable to AIDS Saskatoon)

Thank you for your efforts in supporting AIDS Saskatoon! Please return this form with payment to:

P.O. Box 4062 Saskatoon, SK S7K 4E3

A charitable tax receipt shall be issued for all *donations* to AIDS Saskatoon