



## Active Saskatchewan Membership Form

ORGANIZATION NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDITIONAL CONTACTS: (Name & email please)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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Please return completed form:

Mail to: Active Saskatchewan  
1870 Lorne Street  
S4P 2L7

Fax to: 306-780-9466

Email to: [info@saskinmotion.ca](mailto:info@saskinmotion.ca)