



Community Health Services (Saskatoon) Association Ltd.
 Saskatoon Community Clinic
 455 2nd Avenue North, Saskatoon SK S7K 2C2
 Phone (306) 652-0300 Fax: (306) 664-4120

Individual \$15.00

Joint \$30.00

APPLICATION FOR MEMBERSHIP

I, _____
 (Please print name) Date of Birth

and _____
 Spouse or partner (if joint membership) Date of Birth

 Address City Postal Code

 Home Telephone Number Cell Number

 E-mail address

do hereby make application for membership in the Community Health Services (Saskatoon) Association Ltd.

Please list any other family members you would like to be included in your joint membership below.

 Family Member Date of Birth

 Family Member Date of Birth

 Family Member Date of Birth

 Family Member Date of Birth

 Family Member Date of Birth

Low Income Waiver of Fee. The initial lifetime membership fee will be waived in cases of financial hardship.

CHSA has a privacy policy which governs the use of your personal information. Please ask the receptionist for a copy.

 Date

 Signature of Member