



P.O. Box 8862 Saskatoon, Saskatchewan, Canada S7K 6S6

**MEMBERSHIP APPLICATION AND RENEWAL FORM**

|  |  |              |
|--|--|--------------|
| Date:  | Note: Membership runs from April 1 – March 31. |              |
| Name: (of organization or individual)                |  |              |
| Address:   |  |              |
| City:  | Province:                                      | Postal Code: |
| Phone: Home  | Work:  | Cell:        |
| Fax:   | Email:   |              |
| Web Page:  |  |              |
| Camp Affiliation: (If Applicable)                    |  |              |
| Contact Name:<br>& Address (if different than above) |  |              |
| Historical Date Camp Opened:                         |  |              |

|                 |                                      |  |
|-----------------|--------------------------------------|--|
| Members Status: | New Member: <input type="checkbox"/> | Current Member: <input type="checkbox"/> |
|-----------------|--------------------------------------|--|

Types of Memberships and fees effective June 1, 2000: (please check appropriate box)

|   |       |                            |
|---|-------|----------------------------|
| <input type="checkbox"/> Camp Members<br>Operating budget up to \$ 60,000         | \$150 | One vote and 3 mailings    |
| <input type="checkbox"/> Camp Members<br>Operating budget, \$ 60,001 to \$100,000 | \$175 | Two votes and 4 mailings   |
| <input type="checkbox"/> Camp Members<br>Operating budget, \$ 100,001 and up      | \$200 | Three votes and 5 mailings |
| <input type="checkbox"/> Organisational Members                                   | \$75  | One vote                   |
| <input type="checkbox"/> Individual Membership                                    | \$ 15 | One vote                   |
| <input type="checkbox"/> Commercial Members                                       | \$100 | No Vote                    |
| Amount Due:   | \$    |                            |

Please make cheque payable to **Saskatchewan Camping Association**.  
Return this application with payment and a receipt will be issued as soon as possible  
Thank You.

|  |                    |  |
|--|--------------------|--|
| Office use only  | Entered Data Base: |  |
| Date Received:   | Date Sent:         |  |
| Receipt sent: Yes <input type="checkbox"/> No <input type="checkbox"/> | Certificate Sent:  |  |
| Receipt #:   | Membership Card:   |  |

|   |           |              |
|---|-----------|--------------|
| <b>CAMP MEMBERS - Additional Mailings</b> |           |              |
|   |           |              |
| Name                                      |           |              |
| Address:                                  |           |              |
| City:                                     | Province: | Postal Code: |
| Phone: Home                               | Work:     | Cell:        |
| Fax:                                      | Email:    |              |
| Web Page:                                 |           |              |
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|             |           |              |
|-------------|-----------|--------------|
| Name:       |           |              |
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| City:       | Province: | Postal Code: |
| Phone: Home | Work:     | Cell:        |
| Fax:        | Email:    |              |
| Web Page:   |           |              |
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|-------------|-----------|--------------|
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| Address:    |           |              |
| City:       | Province: | Postal Code: |
| Phone: Home | Work:     | Cell:        |
| Fax:        | Email:    |              |
| Web Page:   |           |              |
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| Phone: Home | Work:     | Cell:        |
| Fax:        | Email:    |              |
| Web Page:   |           |              |
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|             |           |              |
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| Name:       |           |              |
| Address:    |           |              |
| City:       | Province: | Postal Code: |
| Phone: Home | Work:     | Cell:        |
| Fax:        | Email:    |              |
| Web Page:   |           |              |
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