



## ANNUAL MEMBERSHIP APPLICATION: January through December 2024

### Organization Levels (Select one)

- ☐ **\$250 – Business/For-profit organization** (The fee will cover up to 5 people- list names and email addresses below)
- ☐ **\$150 – Non-profit organization** (The fee will cover up to 5 people- list names and email addresses below)
- ☐ **\$100 – Individual members**
- ☐ **Free – Full-time Student** (must provide a copy of student identification)

**By seeking membership in the Saskatchewan Oral Health Coalition Inc., I/we pledge to support and help to accomplish the Mission of the Coalition.**

Main Applicant's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: ☐ Business ☐ Home \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Professional Credential: \_\_\_\_\_

E-Mail: (Please note only this email will be used for communication) \_\_\_\_\_

Phone: ☐ Business ☐ Home ☐ Cell \_\_\_\_\_

Alternate Phone: ☐ Business ☐ Home ☐ Cell \_\_\_\_\_ Fax: \_\_\_\_\_

### **For Business/For-profit and Non-profit organizations:**

Applicant #2 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant #3 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant #4 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant #5 Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- ☐ My/our name/organization/business name may be shared on the Coalition website/material as a member
- ☐ My/our contact information may be shared with other Coalition members for the purpose of networking around local and provincial overall /oral health issues

Complete this form and return by the following mailing and payment options:

- Email form and e-transfer to [sohcadmin@saskohc.ca](mailto:sohcadmin@saskohc.ca); OR
- Email form and contact [sohcadmin@saskohc.ca](mailto:sohcadmin@saskohc.ca) for credit card payment instructions; OR
- Print completed form and mail with a cheque, made payable to **Saskatchewan Oral Health Coalition Inc.**, to:  
**Saskatchewan Oral Health Coalition**  
**Attention: SOHC Inc. Admin Coordinator**  
**167 Meilicke Road**  
**Saskatoon, SK S7K 5V5**

### FOR OFFICE USE ONLY

Payment by: ☐ E-transfer \_\_\_\_\_ ☐ Cheque \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No. Issued: \_\_\_\_\_