



MEMBERSHIP APPLICATION: Please complete and mail with payment to the Coalition
Annual Membership: January through December 2017

Organization Levels (Select one)

- \$100 - Business/For-profit organization** (The fee will cover up to 5 people)
- \$75 - Non-profit organization** (The fee will cover up to 5 people)
- \$25 - Individual members**
- Free - Students (full-time)**

By seeking membership in the Saskatchewan Oral Health Coalition I/we am pledging to support and help to accomplish the Mission of the Coalition.

Main Applicant's Name: -----

Organization: -----

Address: Work Home-----

City/Town: ----- Country: -----

Province: ----- Postal Code: -----

Occupation/Title: ----- Professional Credential: -----

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

Phone: Work Home Cell -----

2nd Phone: Work 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.

Please attach a cheque made out to "Saskatchewan Oral Health Coalition" with this form, and mail it to the address below: (If you are a full-time student please also attach a copy of your student identification.)

Saskatchewan Oral Health Coalition
Attn: Ms. Kellie Watson
1024 8th Street East
Saskatoon, SK S7H 0R9