



MEMBERSHIP APPLICATION: Complete this form and mail it with payment to the Coalition

Annual Membership: January through December 2019

Organization Levels (Select one)

- \$150 - Business/For-profit organization** (The fee will cover up to 5 people)
- \$100 - Non-profit organization** (The fee will cover up to 5 people)
- \$50 - Individual members**
- Free - Students (full-time)**

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: 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.

Attach a cheque made payable to "Saskatchewan Oral Health Coalition Inc." to this form, and mail to the Saskatchewan Oral Health Coalition. If you are a full-time student please also attach a copy of your student identification.

**Saskatchewan Oral Health Coalition
Attention to the Chairperson
1024 8th Street East
Saskatoon, SK S7H 0R9**