



Community Health Services (Saskatoon) Association Ltd.  
 Saskatoon Community Clinic  
 455 2<sup>nd</sup> 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

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.

**Becoming a member does not make you a patient of the Community Clinic.**

Please drop off or mail completed form to Saskatoon Community Clinic, 455 2<sup>nd</sup> Avenue North, Saskatoon, SK S7K 2C2. Please make cheques payable to Saskatoon Community Clinic.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Member