



Individual Membership Form

General Information:

Name: _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: () _____ Cell: () _____ Fax: () _____

E-mail: _____

Organization Affiliation & Title (if applicable) _____

Volunteer Experience & Affiliations:

Would you be willing to share your knowledge and expertise with member organizations? (please list)

Individual Membership Fee \$25.00/year (December 1 – November 30)

___ Enclosed is my cheque, payable to *Volunteer Saskatoon*

___ Visa ___ Master Card ___ American Express

Card Number: _____ Expiry Date: _____

Cardholder Name: _____

Signature (if paying by Credit Card): _____

Membership Fee: _____(+)

Donation: _____(+)

Total Payment Enclosed: (=) _____

Mail completed form along with payment to:

Volunteer Saskatoon
100 506 25th Street East
Saskatoon SK S7K 4A7