

## **Affiliate Membership Application**

| Name of Business       |                                |             |                        |
|------------------------|--------------------------------|-------------|------------------------|
| Mailing Address        |                                |             |                        |
| City/Town              | Prov                           | Posta       | al Code                |
| Phone Number           | Fax Number_                    |             |                        |
| Email Address          |                                |             |                        |
| Name of Owner(s)       |                                |             |                        |
|                        |                                |             |                        |
| Name of Manager        |                                |             |                        |
| Annual Membership Fee: | \$275.00 + \$13.75 GST         |             | <b>Total:</b> \$288.75 |
| Please r               | mail a cheque to the Regina ad | dress liste | ed below, or           |
| Credit Card #          | t                              | Expires     | SC                     |
| Date:                  | Signature:                     |             |                        |