



Associate Membership Registration Form

Personal Information

First Name

Last Name

Address

City

Postal Code

Email Address

Phone Number

Age

Group or Community

Background

Please tell us a bit about yourself and why you wish to obtain an SCA Associate Membership:

Membership Fee

Single (\$20)

Payment Method

Cheque (payable to Saskatchewan Cheerleading Association Inc.)

Money Order

Mastercard

Visa

Amex

Credit cards: No: _____

Expiration Date: _____ 3 Digit Security Code: _____

Printed Name: _____

Signature: _____

Send Completed Form & Payment To

Saskatchewan Cheerleading Association

P.O. Box 31090

Regina, SK S4R 8R6

Fax: (306) 343-SCA9 (343-7229)

Questions? Call us at (306) 343-SCA1 (343-7221)

Office Use Only

Total Paid: _____ Money Order Cash Cheque No: _____ Visa Mastercard Amex

Total Outstanding: _____ Date: _____ Cheque Name: _____

Name: _____ Trans: _____ J#: _____ Receipt: _____ J#: _____ Initials: _____