



2010-2011 Associate Membership Registration Form

Personal Information

First Name

Last Name

Address

City

Postal Code

Email Address

Phone Number

Age

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

For credit cards: Expiration Date: _____

Printed Name: _____

Signature: _____

Send Completed Form & Payment To

Saskatchewan Cheerleading Association

P.O. Box 31090

Regina, SK S4R 8R6

Questions? Call us at (306) 345-2208

Office Use Only

Total Paid: _____

Money Order

Cash

Cheque No: _____

Total Outstanding: _____

Date: _____

Cheque Name: _____

Name: _____

Receipt#:

Initials: _____