

**SASKATCHEWAN AFRICAN-CANADIAN HERITAGE MUSEUM INC.**

**P.O. Box 1171, Regina, SK S4P 3B4**

**www.sachm.com**



**MEMBERSHIP/REGISTRATION FORM**

(Please print clearly)

<b>Name of Applicant</b> _____	<b>Spouse/Partner</b> _____
<b>Address</b> _____	
<b>Telephone (Res)</b> _____	<b>Telephone (Res)</b> _____
<b>Telephone (Bus)</b> _____	<b>Telephone (Bus)</b> _____
<b>E-mail</b> _____	<b>E-mail</b> _____
<b>Country of Birth</b> _____	<b>Country of Birth</b> _____
<b>Name of Child(ren)</b> _____	<b>Age</b> _____
_____	_____
_____	_____
_____	<b># of Seniors in your home</b> _____
<b>Membership to March 31, 2010</b>	
<input type="checkbox"/> \$10 Individual	<input type="checkbox"/>
<input type="checkbox"/> \$20 Family	<input type="checkbox"/>
<input type="checkbox"/> \$5 Associate (Out of Province)	
<b>What activities would you like to participate in as a member of SACHM</b> _____	
_____	
_____	
<b>Signature</b> _____	<b>Date</b> _____
<b>Do not write in this area</b>	
<input type="checkbox"/> New Membership	Membership Fee: _____
<input type="checkbox"/> Renewal	Date Fee Paid: _____
	Membership # _____
	Applicable Year(s): _____

*Members subscribe to the objectives of SACHM  
and abide by its principles and policies.*

**Make Cheques payable to SACHM, Box 1171, Regina, SK S4P 3B4**

**Thank you for your Membership.**