**SASKATCHEWAN AFRICAN-CANADIAN HERITAGE MUSEUM INC.**
**P.O. Box 1171, Regina, SK S4P 3B4**
**www.sachm.com**

# ORGANIZATION MEMBERSHIP/REGISTRATION FORM

(Please print clearly)

**Organization Name** _____ **President** _____

**Address** _____

**Telephone (Bus)** _____

**Telephone (Fax)** _____

**E-mail** _____

**Country of Origin** _____ _____

**Delegates/Members (up to 10)**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

| **Membership to March 31, 2010** | **Extra Members** |
|---|---|
| ☐ $50 Local Organization (up to 10 members, additional pay $10 each) | ☐ |
| ☐ $100 Provincial Organization | ☐ |
| ☐ $10 Associate Organization (Out of Province) | |

**What activities would your group like to participate in as a member of SACHM** _____

_____

_____

_____ _____

**Signature** **Date**

Do not write in this area

☐ New Membership
☐ Renewal

Membership Fee: _____
Date Fee Paid: _____

Membership # _____
Applicable Year(s): _____

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

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

**Thank you for your Membership.**