Italian Canadian Association of Saskatoon Membership Application Form

TYPE:	New		Renew	al		Change	e of	Address?			
This form	may be:	filled in	online, sa	aved	and email	ed as an	atta	achment to:	icas.sicc@	gmail.com	
Alternatively • Faxed to: • Mailed to • Dropped of	306-955 : PO Box off at: Sas	-2207 1154 Sta skatoon I	talian Cult	ural (Centre, loca	ted at the	e cor	mer of Cedar V	Villa Rd &	Hwy #7	
Surname	:										
First Nam	ne										
Address											
City											
Postal Co	de										
Phone											
Email											
☐ Regular Mail☐ Email☐ No Correspondence			[\$250 Green \$1,000 White \$5,000 Red *includes one year applicable membership				\$45 As \$35 Se (65+/1 \$25 Ac in prior	eritage Member ssociate enior/Student 8+) with proof ctive Member or year (all		
									Memb	er (first year only)	
			_					•		teers!	
☐ Public Relations								Events & Activities			
☐ Fundraising ☐ Volunteer Coordina								Membership	Memberships		
				ntion				Food Demonstrations			
☐ Educational Programs								Building Ma	Building Maintenance		
	e					Grounds M	Iaintenan	ice			
Office Use:	Amount	\$	Cash		Chq#	Da	te Ro	evd	Card #	#	