



APPLICATION FOR MEMBERSHIP

COMPANY: _____

REPRESENTATIVE NAME: _____

TITLE: _____

MAILING ADDRESS: _____ PCODE: _____

LOCATION ADDRESS (If different) : _____

TELEPHONE # : _____ FAX #: _____

1-800 #: _____

WEB SITE ADDRESS: _____

E MAIL: _____

MEMBERSHIP FEE: * In accordance with the approved membership conditions the amount of \$ _____ plus \$ _____ GST for a total of \$ _____ is the annual fee.

DATE: _____ SIGNATURE: _____

Payment Method:

Visa Mastercard Cheque (payable to Tourism Saskatoon)

Credit Card #

Exp. Date

Cardholders Name

Signature

Payment Amount

Are you a member of another Tourism organization in Saskatchewan? Yes No

FOR OFFICE USE ONLY

Invoice #: _____ Date: _____ Membership Category: _____

Entered: Tourism Saskatoon _____ Tourism Saskatchewan _____

Web Site _____ Email _____