



ASSOCIATE MEMBERS REGISTRATION FORM 2020-2021

ASSOCIATE MEMBERS – BENEFITS

- Access to target group grants and resources
- School in-services, etc.
- Technical support and expertise

Club/Organization Name:

Email (required):

Website:

Address (street or box #):

City/Town:

Province:

Postal Code:

Phone (h):

Phone (c):

Fax Number:

Contact Person's Full Name:

Gymnastics Club your group will be participating at:

CHECK THE CATEGORIES THAT APPLY TO YOUR GROUP IF ANY:

- Recreational/youth program
- Aboriginal
- Youth at risk
- Northern residents
- Senior
- Racial and ethnic minorities

- Cognitive disabilities
- Physical disabilities
- School in-service
- Cheerleading
- Rock climbing
- Other sport group (specify): _____

ASSOCIATE MEMBERS AFFILIATION FEE \$85

Valid for a full gymnastics season from September 1 to August 31

PAYMENT OPTIONS

Cheque: Please make cheques payable to Gymnastics Saskatchewan

VISA

MASTERCARD

Card Holders Name:

Card Number:

Expiry Date:

SEND TO

Gymnastics Saskatchewan
300-1734 Elphinstone Street; Regina, SK; S4T 1K1
Fax: (306) 780-9475
Email: jbenson@gymsask.com