Membership Application

A: Membership Information

Name:_____

Address:_____

City:_____ Province_____ Postal Code:_____

Day Time Phone:_____Evening Time Phone:_____

Email:_____

B: Membership Agreement

I, _____ (Please Print), agree to uphold the constitution and comply with the society's bylaws.

Signature _____ Date_____

saintsrescue.ca

Privacy Statement: SAINTS does not sell, trade, or otherwise share its mailing list. We will use your address and email to inform you of upcoming events and funding needs. If it anytime you wish to be removed from our list please contact us at events@saintsrescue.ca