

## ANNUAL MEMBERSHIP APPLICATION: January through December 2023

## Organization Levels (Select one)

- **\$150 Business/For-profit organization** (The fee will cover up to 5 people- list names and email addresses below)
- **\$100 Non-profit organization** (The fee will cover up to 5 people- list names and email addresses below)

□ \$50 - Individual members

□ Free - Full-time Student (must provide a copy of student identification)

By seeking membership in the Saskatchewan Oral Health Coalition Inc., I/we pledge to support and help to accomplish the Mission of the Coalition.

Main Applicant's Name:		
Organization:		
Address: 🗆 Business 🗆 Home		
City/Town:	Province:	Postal Code:
Occupation/Title:	Professional Credential:	
E-Mail: (Please note only this email will be used for communication)		
Phone: $\Box$ Business $\Box$ Home $\Box$ Cell		
Alternate Phone: $\Box$ Business $\Box$ Home $\Box$ Cell		Fax:
For Business/For-profit and Non-profit organizations:		
Applicant #2 Name:	E-Mail:	
Applicant #3 Name:	E-Mail:	
Applicant #4 Name:	E-Mail:	
Applicant #5 Name:	E-Mail:	
<ul> <li>My/our name/organization/business name may be shared on the Coalition website/material as a member</li> <li>My/our contact information may be shared with other Coalition members for the purpose of networking around local and provincial overall /oral health issues.</li> </ul>		
<ul> <li>Complete this form and return by the following mailing an</li> <li>Email form and e-transfer to: <u>sohcadmin@saskoh</u></li> <li>Print completed form and mail with a cheque, mac Saskatchewan Oral Health Coalition Attention: SOHC Inc. Admin Coordinator Box 592 Osler, SK SOK 3A0</li> </ul>	<u>c.ca</u> ; OR	<b>Oral Health Coalition Inc</b> ., to:
FOR OFFICE USE ONLY Payment by:  E-transfer Cheque	Data	
Payment by:  E-transfer Cheque		