

Saskatoon Housing Initiatives Partnership Individual Membership Form



Are you a... new Member, or renewing Member?

If new, referred by _____

MEMBER INFORMATION

First & Last Name _____

Email: _____ Phone number: _____

Address: _____

City/Postal Code: _____

YOUR AREA OF EXPERTISE/RELATED BACKGROUND

Submit to info@shipyx.ca.

Signature _____

Membership is for 12 months. As a SHIP Member, you are automatically added to our mailing list. Mail this form with check included to Saskatoon Housing Initiatives Partnership; 15-2220 Northridge Drive, Saskatoon, SK S7L 6X8
QUESTIONS? Please call 306-979-6706