



SAC MEMBERSHIP

Last Name _____ First Name _____ Age _____

Family Members:

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Last Name _____ First Name _____ Age _____

Address _____ Town/City _____ Postal Code _____

Phone _____ Cell _____

E-mail _____

SAC Membership # _____

New Renew

Today's Date: _____ Expiry Date: _____

Residential Individual \$15.00

Resident Family \$30.00

Non-Resident Individual \$20.00

Non-Resident Family \$35.00

Total \$ _____

For Office Use Only

Payment Method: Cash Cheque# _____ Visa MC Debit

Correlate: _____ Staff Signature: _____
(Date and Staff Initial)

QB Receipt: _____ Date: _____

PLEASE RETURN THIS FORM TO THE SAC OFFICE

304 Second Street Steinbach, MB R5G 0T7

Email office@steinbachartscouncil.ca

Fax (204) 346-9777