



Membership Form

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Phone #: _____

Email address: _____

Note: CAS e-news will be sent electronically so your email is important.

NCCP Certification Level: _____

Sport(s): _____

Membership fee: \$20

Voluntary self-declaration of Aboriginal ancestry:

Check one of the following that is most applicable to your Aboriginal ancestry (optional):

Status/Treaty Non-Status Metis Inuit

Signature: _____ Date: _____

Your membership is good for a one year period.

Please include a cheque payable to:

Coaches Association of Saskatchewan
1870 Lorne Street
Regina, Saskatchewan S4P 2L7