



Saskatchewan Amateur Wrestling Association

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2011 - 2012 SAWA CLUB MEMBERSHIP FORM

Club Name: _____

Contact Person and Title: c/o _____
(i.e. John Doe, President)

Location/Address: _____

City: _____ Postal Code: _____

Phone: (h) _____ (w) _____ Fax: _____ Email: _____

Club Officers:	
President	Vice President
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ PC: _____	City: _____ PC: _____
Phone: (h) _____ (w) _____	Phone: (h) _____ (w) _____
Fax: _____ Email: _____	Fax: _____ Email: _____
Secretary	Treasurer
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ PC: _____	City: _____ PC: _____
Phone: (h) _____ (w) _____	Phone: (h) _____ (w) _____
Fax: _____ Email: _____	Fax: _____ Email: _____

Please designate the two (2) representatives that will become patron members of SAWA from the listing above. Each club is entitled to a maximum of two (2) patron members. The two who are named to be SAWA members will receive SAWA Patron Memberships. For all other coaches, patrons etc please remit a separate membership form and fee.

Club Membership Fee Schedule: Club Membership \$50.00 Coaches or Officials \$60.00
Date of Application: _____, 20_____.

Submitted by: _____
(Signature of President)

***Payment Due with Form**

