



**Saskatchewan Amateur Wrestling Association**

510 Cynthia Street  
Saskatoon SK S7L 7K7

Phone: (306) 975-0822 Fax: (306) 242-8007  
ed@saskwrestling.com/www.saskwrestling.com

**2007-2008 SAWA CLUB MEMBERSHIP FORM**

Please fill out the form in detail completing all the requested areas of information, and return it to  
**Saskatchewan Amateur Wrestling Association**  
510 Cynthia Street, Saskatoon, SK, S7L 7K7

Club Name: \_\_\_\_\_

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

Location/Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please check off 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 \$40.00  
Date of Application: \_\_\_\_\_, 20\_\_\_\_\_.

Submitted by: \_\_\_\_\_  
(Signature of President)

**\*Payment Due with Form**

