



Saskatchewan Amateur Wrestling Association
 510 Cynthia Street
 Saskatoon SK S7L 7K7
 Phone: (306) 975-0822 Fax: (306) 242-8007
 sk.wrestling@shaw.ca/www.saskwrestling.com

2009-2010 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: _____

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 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 \$60.00
 Date of Application: _____, 20____.

Submitted by: _____
 (Signature of President)

***Payment Due with Form**

