

# FAMSS

Send membership request to: **FAMSS, P.O. Box 1846, Saskatoon, SK S7K 3S2**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_, Life Membership (\$50 each) \_\_\_\_\_

Cell: \_\_\_\_\_, I wish to help FAMSS with a donation \_\_\_\_\_

Email: \_\_\_\_\_, Total Amount Enclosed \_\_\_\_\_

I require a printed copy of the newsletter

I am interested in Volunteer Opportunities.

Date: \_\_\_\_\_