

PREMIER INSURANCE
APPLICATION FOR INSURANCE
Non Profit Liability and Directors & Officers

SAACC MEMBER CLUB POLICY 2024-2025

Applicant Information

Applicant's Registered Name: SAACC/ _____

Legal Address: _____

City/Province: _____ Postal Code: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____ Facsimile: _____

Contact Person: _____ Position _____

Telephone: _____ Facsimile: _____

Number of club members as of Dec 31st: _____ DUES \$5.00 PER MEMBER PER YEAR.

Membership fees are based on the number of your members as of Dec 31st of the previous year.

PLEASE FORWARD THIS FORM WITH YOUR FEES TO

Steve Harris, Vice- President
PO Box 104
Caron, SK
S0H 0R0

Or e-transfer to: SASKAACC@gmail.com

E-Transfer: _____ YES _____ NO