



**SASKATCHEWAN ASSOCIATION OF AUTOMOBILE CLUBS CORP**

**ASSOCIATE MEMBERSHIP APPLICATION**

**FOR THE YEAR:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**EMAIL address:** \_\_\_\_\_

**Club Affiliation if applicable:** \_\_\_\_\_

**MEMBERSHIP FEE: \$25.00 PER YEAR**

**PLEASE FORWARD THIS FORM WITH YOUR FEE TO**

**Steve Harris, SAACC Membership Chairman  
PO Box 104  
Caron, SK  
S0H 0R0**

**Or e-transfer to: [SASKAACC@gmail.com](mailto:SASKAACC@gmail.com)**

**E-Transfer: \_\_\_ YES \_\_\_ NO, Please Indicate**

**An Associated Member is entitled to all privileges of membership except the right to vote and will not have the right to access event insurance under the membership of the SAACC.**