



Membership RENEWAL Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone: (_____) _____ Cell: (_____) _____

Annual Membership Fee: \$20.00 per year

Renewing Membership: _____ x \$20.00 = \$ _____
of years (max. 5)

Make your cheque payable to SRA Inc.

Signature _____ Date _____

Return the Renewal form to:

SRA Inc.
Walter Scott Building
3085 Albert Street
Regina, SK. S4S 0B1