



**Uganda Canadian Association of Saskatchewan (UCAS)**  
**Membership Registration Form**

Surname

First name

Spouse first name

Child 1

Child 2

Child 3

Child 4

Child 5

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ or \_\_\_\_\_

Email Address: \_\_\_\_\_ & or \_\_\_\_\_

Please check any areas in which you would be willing to help the running of UCAS. Indicate individual's name in case of family membership:

<input type="checkbox"/> Project Committee	<input type="checkbox"/> Database
<input type="checkbox"/> Website	<input type="checkbox"/> Social Committee
<input type="checkbox"/> Office Administration	<input type="checkbox"/> Archives
<input type="checkbox"/> Accounting / bookkeeping	<input type="checkbox"/> other volunteering

Membership category: -  Family \$50  Single & Associate \$25  Youth \$15

Fee paid

Signature:

Date:

Uganda Canadian Association of Saskatchewan (UCAS)  
**Receipt for payment of Annual Membership Fee in Year 2\_\_\_**

Receipt No.

Amount paid

Date

Treasurer's signature