

Application for Associate Membership

Contact information

Name: _____

Email: _____

Phone number: _____

Full Address: _____

I am aware of and will abide by Member Responsibilities listed in the Bylaws of Saskatoon Techworks, including but not limited to:

- Paying Fees and Dues on time (1st of each month)
- Keeping the space Safe for yourself and others
- Keeping the space Clean
- Respecting the property and rights of other members

Applicant Signature

Date

Please submit this form and your first monthly payment (or subscribe with Paypal) to a Saskatoon TechWorks Inc. director or email to sktechworks@gmail.com.

