

Helping keep Saskatchewan wildlife wild!

MEMBERSHIP APPLICA	ATION	Date:
Personal Information:		
Full Name:		
Mailing Address:		
Phone Number:		Circle one: cell / home / work
Email Address:		
Payment Information		
Annual membership: \$20.00	Donation: \$	Total: \$
Mail to:		
WRSOS – Membership Coord	dinator	
PO Box 24004		
Midtown Postal Outlet		
Saskatoon, SK, S7K 8B4		
Cheques may be made payable to W	RSOS.	
Memberships expire one year from the	ne date purchased.	

Thank you for your support, and for helping us keep Saskatchewan wildlife wild!

For membership information, please contact *membership@wrsos.org* For general inquiries, please contact *info@wrsos.org* 

Check us out on Facebook and Instagram @wrsosaskatchewan