



SRHA Trainers Group Enrollment Form

CURRENT YEAR: _____

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____ PCODE/ZIP CODE: _____

TELEPHONE # _____

FAX # _____ E-MAIL: _____

WEBSITE _____

Enrollment into the Trainers Group program is \$100.00 per year.

Please E-Mail signed form and payment via e-Transfer to saskreining@gmail.com.

Or

Mail form with cheque payable to SRHA to address at the bottom of this Form

Signed _____ Date: _____

The SRHA will advertise Trainer on the website and Facebook. It is the responsibility of the Trainer to provide all promotional material and ensure contact info is current.

Your Support is greatly appreciated, Thank You!

Send to:

SRHA c/o Gloria Bell
R.R. 5, Site 31, Box 8
Prince Albert SK, S6V 5R3