



Constituency Association Application Form

Please mail the completed and signed form to:

P.O. Box 2224
Lloydminster, SK
S9V 1R6

Or scan and send to: info@saskunited.ca

NOTE: All officers of the proposed Constituency Association must be members in good standing of the Saskatchewan United Party prior to submission.

Please fill in all the following information to apply to form a Constituency Association for the Saskatchewan United Party. After submitting, a party representative will be in touch with you about authorizing the Constituency Association and next steps.

Constituency: _____

Records Location

Address: _____ City: _____
Postal Code: _____

President

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

Check if same as CA address

Vice President

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

Check if same as CA address

Secretary

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

Check if same as CA address

Treasurer

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

Check if same as CA address

Other Board Members

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

Financial Institution

Institution: _____
Address: _____ City: _____
Postal Code: _____

Signing Officers

Make the President a signing officer for this account.

Make the Secretary a signing officer for this account.

Make the Treasurer a signing officer for this account.

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

First Name: _____ Last Name: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Email: _____

Certification of President

We, the (Name of Constituency Association) _____ Constituency Association, certify that all officers are members in good standing of the Saskatchewan United Party, and the information on this form is to the best of our knowledge and belief, true and correct.

Signature of President: _____

Date: _____

Certification by Party

***** To be completed by the Saskatchewan United Party head office.*****

We, the Saskatchewan United Party, certify that this Constituency Association is endorsed by the Party.

Signature of Party Official: _____

Date: _____