

SEDA MEMBERSHIP APPLICATION

We help our members share knowledge, foster networks, and encourage leadership. These are the things that create prosperous and sustainable regions and communities.



SEDA is a provincial network linking all facets of community and economic development. Discover the advantages of working together.

Join us in building a sustainable and prosperous future for Saskatchewan.

View our full portfolio of Membership Services online at www.seda.sk.ca

MEMBERSHIP CATEGORIES

Individual Member \$312 + gst = \$327.60
Full membership benefits apply to one individual.

First Nation and Municipal Membership

Applicable to Municipalities, First Nations and their Economic Development Organizations. Includes 2 voting members plus an UNLIMITED number of non-voting members (development staff; elected officials, board members).

POPULATION	MEMBERSHIP FEE
0 - 5,000	\$312+gst = \$327.60 <input type="radio"/>
5,000 - 10,000	\$450+gst = \$472.50 <input type="radio"/>
10,000 - 50,000	\$590+gst = \$619.50 <input type="radio"/>
50,000-250,000	\$730+gst = \$766.50 <input type="radio"/>
250,000 and over	\$870+gst = \$913.50 <input type="radio"/>

Organization \$450+gst= \$472.50
Includes 2 voting members plus an UNLIMITED number of non-voting members (development staff; elected leaders, board members). Applicable to non-profit organizations not associated with a municipality. Examples are Community Futures Development Corporations, Chambers of Commerce, Planning Districts.

Student \$60.00 + gst = \$63.00
Full time students. Non-voting membership.

Basic Corporate Membership \$360+gst = \$378.00
Full membership benefits apply to one representative.

Please contact the SEDA office at 306-384-5817 for additional corporate or agency engagement opportunities.

COMMUNITY/NATION/ORGANIZATION/BUSINESS: _____

ADDRESS: _____ **CITY PROVINCE:** _____ **PC** _____

VOTING MEMBER NAME: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

VOTING MEMBER NAME: _____ **TITLE:** _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

Please use the reverse side to enter names and contact information for Non-Voting members, if applicable.

Cheque Enclosed Please Invoice Me Visa MasterCard

Name on Card: _____

Card Number: _____

Expiry Date: _____

3 Digit Security Code (on back of card): _____

Signature: _____

Billing Address (if different from above) : _____

Please return to SEDA at:
Box 113, Saskatoon SK S7K 3K1
Tel 306-384-5817
Fax: 306-384-5818
email: seda@seda.sk.ca



2017 MEMBER CONTACTS

For MEMBERS with multiple representatives, please provide contact information for individuals you wish listed in the SEDA online directory and added to our email distribution list.

Copy this form should additional space be required or simply email a list to seda@seda.sk.ca



VOTING MEMBERS

Name: _____
Title: _____
Email: _____
Tel: _____ Fax _____

Name: _____
Title: _____
Email: _____
Tel: _____ Fax _____

NON-VOTING MEMBERS

Name: _____
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