



SHEA Membership Application/Renewal Form

The following information will be used to contact members for renewal and membership drive purposes, to send out newsletters and to forward conference and professional development opportunities information.

Last Name: _____

First Name: _____

Middle Initial: _____

Preferred Mailing Address: _____ School _____ Home

Address: _____

Town/City: _____

Postal Code: _____

Home Phone Number: _____

School currently teaching at: _____

E-mail Address: _____ School _____ Home

Teaching Certificate Number (to verify STF membership for basic grant calculations):

The membership fee for SHEA (Saskatchewan Health Educators Association) is \$15.00. Please make cheque payable to SHEA.

Signature: _____

Date: _____

Please mail your signed and dated membership application renewal form to SHEA along with payment.

SHEA
104 Garnet St.
Regina, SK S4R 3S1