

**SATA 2025-2026 MEMBERSHIP FORM**

**MEMBERSHIP FEES:**

**Individual - $135.00**

**Organization (up to 9 individuals from one Tribunal - $1,000.00)**

|  |  |
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| **Name of Organization:** |  |
| **Name:** |  | **E-mail Address:** |
| **Name:** |  | **E-mail Address:** |
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| **Name:** |  | **E-mail Address:** |
| **Name:** |  | **E-mail Address:** |
| **Name:** |  | **E-mail Address:** |
| **Name:** |  | **E-mail Address:** |
| **Name:** |  | **E-mail Address:** |
| **Mailing information:** | **Street** | **City** | **Postal code** |
| **I / We would like to become a SATA Member / renew our Membership:** | **Individual $135.00** | **$** |
| **Organization (up to 9 persons) $1,000.00** | **$** |
| **Person Completing the Form:** **[ ] I agree to receive electronic correspondence from SATA .** | **Name** | **Total** | **$** |
| **Phone** | **Payment by: Credit Card:**[**https://buy.stripe.com/9AQ9Bie7jgZJ0r6eU**](https://buy.stripe.com/9AQ9Bie7jgZJ0r6eUU)**e-Transfer to:** **info@sataonline.org****Cheque: [ ] ****Invoice Required: [ ] ** |
| **Email** |

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