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Description automatically generated

**SATA 2025-2026 MEMBERSHIP FORM**

**MEMBERSHIP FEES:**

**Individual - $135.00**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Organization:** | |  | | | | | |
| **Name:** |  | | | **E-mail Address:** | | | |
| **Name:** |  | | | **E-mail Address:** | | | |
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| **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**](mailto:info@sataonline.org)  **Cheque: **  **Invoice Required: ** | | |
| **Email** | |

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