



**NETWORK OF NON-PROFIT HOUSING
PROVIDERS OF SASKATCHEWAN INC.**

31 13 Street East Prince Albert, SK S6V 1C7
Ph: (306)922-4122 (President-Kelly Skiffington) email:
kelly.nshc@sasktel.net email: nphps@sasktel.net
Website: www.nphps.ca

MEMBERSHIP APPLICATION

Completed forms can be submitted to:

NPHPS
c/o Kelly Skiffington
31 13 Street East, Prince Albert SK S6V 1C7
Email: nphps@sasktel.net or Email: kelly.nshc@sasktel.net
Phone: 306-922-4122

Membership Categories:

Please select one of the following membership categories applicable to your organization:

<u>Regular</u>	<u>Associate non-voting</u>	<u>Corporate non-voting</u>
Gross annual revenue less than \$500,000: \$300	Organizations: \$300	Fee: \$500-\$2000. Please contact for details
Gross annual revenue \$500,000 to \$1,000,000: \$750	Government Agency: \$500	
Gross annual revenue greater than \$1,000,000: \$1,000	Individuals: \$100	

All membership categories above have full access to program and services as approved by the board of directors. In accordance with The Network of Non-Profit Housing Providers of Saskatchewan's bylaws pricing and services are subject to change with market conditions and decisions made by the board of directors.

Membership fees are GST exempt.

Payment must accompany the membership application, once your organization is officially accepted by the NPHPS Board of Directors, you will be advised and the payment will be processed.

The NPHPS membership fees are based on NPHPS fiscal year end, which is December 31. All subsequent membership invoices will be done in alignment with the start of NPHPS fiscal year end. Membership fees not paid in full, unless otherwise waived by the NPHPS board shall be removed from the NPHPS membership and all associated benefits will be stopped.

Membership Application Details

Application Date:	
Membership Category:	
Organization Name:	
Organization Mailing Address:	
Organization Street Address:	
Organization City/Town/Village	
Organization Telephone:	
Organization Fax:	
Organization Email	
Organization Website	
Contact Name:	
Contact Cell Number:	
Contact Email:	

Name _____

Signature _____