



SATA 2026-2027 MEMBERSHIP FORM

MEMBERSHIP FEES:

Individual - \$135.00

Organization (up to 10 individuals from one Tribunal - \$1,000.00)

Name of Organization:			
Name:		E-mail Address:	
Name:		E-mail Address:	
Name:		E-mail Address:	
Name:		E-mail Address:	
Name:		E-mail Address:	
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		
	Email	Payment by: Credit Card: https://buy.stripe.com/9AQ9Bie7jgZJ0r6eU e-Transfer to: info@sataonline.org Cheque: ☐ Invoice Required: ☐	

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