

## **NEW MEMBERSHIP FORM**

APRIL 1 2023 TO MARCH 31 2024 Annual cost per person: \$ 25.00

ACTIVE CAREGIVER NON ACTIVE CAREGIVER		Volunteer □ Supporter □	NEW MEMBERSHIP
MEMBER INFORMATION			
LAST NAME			
FIRST NAME			
ADDRESS			
TOWN			
POSTAL CODE			
HOME PHONE NUMBER			
CELL PHONE NUMBER			
EMAIL ADDRESS			
BIRTH DATE			
SPOKEN LANGUAGE			
INFORMATION ON YOUR LOVED O	ONE		
FIRST AND LAST NAME			
CAREGIVER SINCE			
LOVED ONE DATE OF BIRTH			
LOVED ONE DISABILITY			
RELATIONSHIP WITH LOVED ONE			
			You can unsubscribe at anytime. s necessary to have access to our
Amount :\$	Che Aida	nts de Brome-Missisquoi) dit card No. :	ank transfer payable to Regroupement Soutien aux Exp/ CVC
MEMBER SIGNATURE	- : .	г	DATE: