

MEMBER SIGNATURE :___

NEW MEMBERSHIP FORM

APRIL 1 2024 TO MARCH 31 2025 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 ON	NE		
FIRST AND LAST NAME			
CAREGIVER SINCE			
LOVED ONE DATE OF BIRTH			
LOVED ONE DISABILITY			
RELATIONSHIP WITH LOVED ONE			
By becoming a member, you will receive our newsletters. You can unsubscribe at anytime. Please take note that your renewal on April 1 st each year is necessary to have access to our services. Thank you!			
Amount :\$ Cash / Debit / Interac transfer / Bank transfer Check (Please make your check payable to Regroupement Soutien aux Aidants de Brome-Missisquoi) Credit card No. : Exp/ CVC Signature :			

__ DATE:_