



NEW MEMBERSHIP FORM

APRIL 1 2025 TO MARCH 31 2026

Annual cost per person: \$ 30.00

ACTIVE CAREGIVER

☐

VOLUNTEER

☐

NEW MEMBERSHIP

NON ACTIVE CAREGIVER

☐

SUPPORTER

☐

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 ONE

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 1st 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 : _____

MEMBER SIGNATURE : _____ DATE: _____

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