

# FADOQ Enrolment Form

**Delivery time: 4 to 6 weeks for card delivery.**

If you choose TO SIGN UP FOR A CLUB to take part in its activities, do not fill this form and call us: **1 800 828-3344**

\* Information required

## Identification

Mr.  Mrs. Last name\*  First name\*  Date of birth\*  /  /   
dd / mm / yyyy

## Your spouse if applicable

Mr.  Mrs. Last name\*  First name\*  Date of birth\*  /  /   
dd / mm / yyyy

Address\*  App.   
PO Box  City\*   
Province\*  Zip Code\*  Phone number\*

Language\*

French  English

I hereby send in my email address in order to receive the Réseau FADOQ newsletter.

## Type of membership

**New membership**

**12 months**

- 1 Membership** ( 30 \$ )  
 **2 Memberships** ( 60 \$ )

**24 months**

- 1 Membership** ( 50 \$ )  
 **2 Memberships** ( 100 \$ )

Total amount

**Membership renewal**

Member # \*  Club # \*  -   
7digits 1 letter 3 digits

**12 months**

- 1 Membership** ( 30 \$ )  
 **2 Memberships** ( 60 \$ )

**24 months**

- 1 Membership** ( 50 \$ )  
 **2 Memberships** ( 100 \$ )

Total amount

## Payment

**Check**  **Money order** (make it out to **FADOQ**)

**Mastercard**  **Visa**  /  /  /  Exp  /

**Signature\***

Date\*  /  /   
dd / mm / yyyy

By becoming a member of FADOQ, I consent to the FADOQ giving my name, address, and telephone number to certain partners (see [www.fadoq.ca](http://www.fadoq.ca)) for solicitation purposes and to receiving information on products and services by mail or telephone. I understand that I can unsubscribe from the mailing list at any time by clicking the unsubscribe link «Avis de retrait» at [www.fadoq.ca](http://www.fadoq.ca) or by contacting the FADOQ at **1-800-828-3344** or [info@fadoq.ca](mailto:info@fadoq.ca).

I acknowledge that I am a member of a club, a regional group and the Réseau FADOQ.

Send this receipt with your payment to your regional office or the Provincial Secretariat.



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