

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

"In joining FADOQ, I consent to FADOQ communicating my name, address and telephone number to its major partners* for solicitation purposes and to receiving information by mail or telephone on products and services. I agree to be contacted even if my telephone number appears on the National Do Not Call List (DNCL). I understand that I can unsubscribe from the solicitation list at any time by clicking on the "Unsubscribe" link at www.fadoq.ca/en or by contacting FADOQ at **1-800-828-3344** or at info@fadoq.ca."

* Intact Insurance Company Inc., SSQ Insurance and SSQ Distribution Inc. and Bénéva inc.

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



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