

# 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](http://www.fadoq.ca/en) or by contacting FADOQ at **1-800-828-3344** or at [info@fadoq.ca](mailto:info@fadoq.ca)."

\* *Intact Insurance Company inc., and Beneva 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.