



Membership Form

Please indicate if this is : New Membership ___ or Membership Update ___

Circle your title: Mr. Mrs. Ms.

Name: _____

Address: _____ City _____ Province _____ Postal Code _____

Telephone number: _____ E-mail: _____

Choose membership type

___ Individual membership

___ Couple (2 memberships)

___ Family (3 or more)

___ Seniors (65+)

___ Youth (Under 18)

___ Business

Optional West Quebec Post (WQP) Subscription

I would also like to have a subscription to the WQP for only \$20 per year. (*\$40.00 regular price*).

1 Yr. \$20 ___ 3 Yr. \$60 ___

WQP: \$ _____

I am including a non-tax deductible financial donation of: \$ _____

TOTAL AMOUNT: \$ _____

I am sending a cheque payable to **Regional Association of West Quebecers** and the completed form by mail to:

[Regional Association of West Quebecers, 181, rue Principale, Unit A-11, Gatineau, QC J9H 6A6](mailto:aco@westquebecers.ca)

Signature: _____

Date: _____ (dd/mm/yyyy)