

Membership Application

Association des familles Leclerc

Name : _____ First name : _____

Address :

Civic Number

Street

Apt.

City

Province (State)

Country

Postal code (Zip Code)

Phone : Home : (____) _____

Fax: (____) _____

Office: (____) _____

E-mail : _____

Female Male Single Married Widow(er) Religious order

Member :

1 yr : 20\$ (including spouse and minor children)

2 yrs : 35\$ (including spouse and minor children)

3 yrs : 50\$ (including spouse and minor children)

5 yrs : 80\$ (including spouse and minor children)

Benefactor (An amount at your discretion added to your membership fees)

Included, my fee by check or by Postal Money Order, to the order of :

Association des familles Leclerc

550, rue Godin

Québec [Québec]

G1M 2K2

Téléphone : 581-997-4528

Signature : _____ Date : _____

Source : **Association's website**