



# Membership Form

- New member
- Renewal

Date: \_\_\_\_\_

Member number: \_\_\_\_\_

Name : \_\_\_\_\_

*Please fill out below is applying for a family membership.*

Name of spouse or Partner : \_\_\_\_\_

Childrens' names	gender	date of birther (JJ/MM/AA)

## Contact Info

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (work/cell): \_\_\_\_\_

Email address: \_\_\_\_\_  *Keep me posted s'il vous plait !*

Language preference:    French             English

## Payment

Individual membership, \$ 10	\$
Family, \$ 20	\$
I wish to make a donation to Le Carrefour francophone Tax receipts provided for donations 20 \$ or over.	\$
<b>Total Payment</b> Cheque, money order, direct payment, Visa, MasterCard or cash.	<b>\$</b>
MasterCard/Visa : _____	Expiration : _____
Signature : _____	

Please indicate your interests:

- La Slague
- Le Tremplin
- Daycares
- La Clé de Sol
- Summer camps
- Workshops for adults
- Other (please specify) \_\_\_\_\_

Le Carrefour francophone is always seeking a helping hand from volunteers. Please check this box if you wish to donate your time and talents.