

Membership Renewal

Association des familles Leclerc

Membership Number : _____

If any of your information has changed in the last year, please indicate the changes in the spaces below.

Name : _____ Given : _____

Address : _____

Civic No. Street App. City

Province (State) Country Postal Code

Telephone : Home : (____) _____ Fax : (____) _____

Office : (____) _____ E-Mail : _____

Female Male Single Married Widow(er) Religious

Member Fees :

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)

Donation (Amount of your choice)

Attached is my check or my money-order in the name of :

Association des familles Leclerc

550, rue Godin

Québec [Québec]

G1M 2K2

Téléphone : 581-997-4528

Signature : _____ Date : _____

Source : **Association's website**