



CENTRE D'ÉDUCATION FINANCIÈRE  FINANCIAL EDUCATION CENTRE

Membership APPLICATION

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① CONTACT INFORMATION

BUSINESS NAME _____

Contact name _____

No. _____ **Street** _____ **Suite** _____

City _____ **Prov.** _____ **Postal code** _____

Email: _____

Telephone: _____ **Ext.** _____

② MEMBERSHIP

I would like to become a member !

Corporate (\$100)*: _____ \$

* The membership period is from April 1st until March 31st of each year

* Although EbO offers its services in both official languages, please note that EbO is a francophone organization and therefore, most internal documentation and meetings are in French only. Thank you.

We also want to support the EBO Financial Education Centre!

Donation: _____ \$


RESERVED TO ADMINISTRATION


Accepted by the Board of Directors on: _____

(For new members only)

(MM / DD / YYYY)

 centre-ebo.com

 613-746-0400

 613-746-9284

« Parce que la vie est plus qu'une question d'argent... »



“ Because life is about more than just money... ”