

Membership APPLICATION

INDIVIDUAL

① CONTACT INFORMATION

NAME _____

First name _____

No. _____ Street _____ Apt. _____

City _____ Prov. _____ Postal code _____

Email: _____

Tel. – Home: _____

Tel. – Work: _____ Ext. _____

② MEMBERSHIP

I want to become a member !** Voluntary donation: _____ \$

Regular (\$25)*: _____ \$

* An income tax receipt will be prepared for any donations exceeding \$20

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

→ I would also like to be a volunteer !** (Please check)

** 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.

RESERVED TO ADMINISTRATION

Accepted by the Board of Directors on: _____

(For new members only)

(MM / DD / YYYY)

