CENTRE D'ÉDUCATION FINANCIÈRE — FINANCIAL EDUCATION CENTRE

Membership RENEWAL

INDIVIDUAL

① MEMBER

NAME _____

First name _____

② MEMBERSHIP

☑ **I reniew my membership !**** **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.

③ CONTACT INFORMATION

(To be filled out only if the information has changed)

_____ _____ _____
No. **Street** **Apt.**

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

Email: _____

Tel. – Home: _____

Tel. – Work: _____ **Ext.** _____

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