



ASSOCIATION OF FRIGON FAMILIES INC.

www.frigon.org

Membership or **Renewal** , member # _____

Thank you for your support

First Name : _____ Last name : _____

Address : _____

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Province or State : _____ Postal code : _____

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Fax (residence) : _____ - _____ - _____ (office) : _____ - _____ - _____

E-mail (residence) : _____ (office) : _____

Language preference for correspondence: French English

My cheque is enclosed

Regular membership → \$20.00 / 1 year _____

→ \$50.00 / 3 years _____

→ \$80.00 / 5 years _____

→ \$250.00 / lifetime membership (over 55) _____

My choice: Paper copy of the newsletter by post (in black and white) _____

Digitized newsletter by e-mail (in colour, PDF format) _____

Note: Please check one choice only.

Signature: _____

Date: _____

Please fill out this form and return it with your cheque.

TREASURER
ASSOCIATION DES FAMILLES FRIGON
1190, 37^E AVENUE
LAVAL, QC H7R 4W4

Your membership expiry date is printed on the mailing label of your newsletter.