

Registration Form

Personnal Information			
Full name :			
Complete adress: (# & app #, street, town, province, postal code)			
Telephone :		Cellphone :	
Email :			
Date of birth (DD/MM/YYYY):			
Partner's / other parent full name:			
Family situation (optional) Situation Familiale (Couple, single parent, separated, other)			
Family Members			
Full name		Date of birth (DD\MM\YYYY)	

(Registration form)
☐ I agree to receive phone calls to keep me informed about current activities.
☐ I agree to receive communication through emails.
☐ I authorize the use of photos and/or videos of my children, my spouse and myself for publication purposes through the internet or for any other related project
$\hfill \square$ I intend to respect the regulations, adhere to the objectives, support and promote the mission of the organization
Becoming a member of the Maison de la Famille des Frontières, is a gesture that allows:
 Financially support the organization Have access to our services, activities and respite daycare Support your community Have the right to vote during the Annual General Meeting
Check all of the options that apply to you :
☐ Terrritory member (Family with 0-17 yr old children and resident of the town of Bedford, Canton de Bedford, St-Ignace de Stanbridge, Pike River, Stanbridge-East, Stanbridge Station, St-Armand ou Notre-Dame de Stanbridge)
☐ Out-of-Territory (Family with 0-17 yr old children and non-resident of Bedford territory)
☐ Community Member (I want to support the mission without necessarily being the target clientele)
☐ I agree to pay an annual membership of the cost of 10\$/year and I also engage to pay this fee maximum 10 days after the date of registration and/or the date of renewal (cash only)
We assure you that all information collected will remain confidential.
SIGNATURE : DATE :
Paiement : Thank you for your support!