

Registration form

Become a member of the Maison de la Famille des Frontières, a gesture that allows you to:

- Provide financial support for the organization
- Have access to services, activities and the daycare center
- Support your community
- Have the right to vote at the yearly general meeting

We assure you that all information collected will remain confidential.

Personal informations		
Full name		
Adress, Town, Postal code, App.		
Phone number:	Cellphone :	
E-mail :		
Date of birth (JJ/MM/YYYY)		
Other parent/Spouse		
Family situation (Optional) <i>Ex. Couple, single prent, separate, blended family)</i>	Precise :	
Family members		
Number of child 0-17 years old :		
Name and last name	Boy/Girl	Date of birth

Membership

Check the option that applies

I want to become a member of the organization:

- Territory member** (I live, work or do business in the territory of Bedford, from the Bedford township area, St -Ignace de Stanbridge, Pike River, Stanbridge East, Stanbridge Station, St -Armand or Notre Dame de Stanbridge)
- Outside territory member** (I live, work or do business outside territory of Bedford.)
- Community member** (I want to support the mission as a person external to the target clientele of the organization.)

Autorisations

Check the options that applies

- I agree to receive the newsletter and communications by email including the monthly calendar of activities.
- I accept to receive phone calls to keep me informed about activities.
- I authorize the use the photos and /or videos of my children, spouse and myself for publication purposes through the internet or for any other related project. I do not expect payment and I renounce all judicial lawsuits.

Engagement

- I agree to pay an annual membership fee, payable once a year, for membership in the service of the organization. The amount of the subscription is set according to my membership category.
- I intend to respect the regulations, adhere to the objectives of the organization, support and promote its mission.

Signature _____ Date _____

N.B If you intend to use daycare respite, you will also need to register with the daycare employee.

Payment receive employee's initials _____