

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:		
Telephone:		
Email:		
Family situation (optional) Situation Familiale (Couple, single parent, separated, other)		
Family Members		
Full name	Date of birth (DD\MM\YYYY)	



	Payment: Thank you for your support!
	SIGNATURE: DATE:
10 day	gree to pay an annual membership of the cost of 10\$/year and I also engage to pay this fee maximum as after the date of registration and/or the date of renewal (cash only) as a sure you that all information collected will remain confidential.
□ Co	ommunity Member (I want to support the mission without necessarily being the target clientele)
□ O ı	ut-of-Territory (Family with 0-17 yr old children and non-resident of Bedford territory)
de Bed	errritory member (Family with 0-17 yr old children and resident of the town of Bedford, Canton Iford, St-Ignace de Stanbridge, Pike River, Stanbridge-East, Stanbridge Station, St-Armand ou Notrede Stanbridge)
Check a	all of the options that apply to you :
	Support your communityHave the right to vote during the Annual General Meeting
	Financially support the organizationHave access to our services, activities and respite daycare
Becon	ning a member of the Maison de la Famille des Frontières, is a gesture that allows:
	$\hfill \square$ I intend to respect the regulations, adhere to the objectives, support and promote the mission of the organization
	□ 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
	☐ I agree to receive communication through emails.
	☐ I agree to receive phone calls to keep me informed about current activities.