



## Membership Application Form

### Personal Information

First name :	Last name :
Phone :	Date :
Email :	

For further details visit the [CarrefourADN](#) website or the [CarrefourADN](#) Facebook page

<input type="checkbox"/>	I want to become a member.	15 \$
<input type="checkbox"/>	I want to renew my membership.	

<input type="checkbox"/>	I want to contribute to the mission of Carrefour ADN by adding this amount: No tax receipt will be issued.	
Total :		

<input type="checkbox"/>	Check (Named to: Carrefour ADN)
<input type="checkbox"/>	Cash
<input type="checkbox"/>	<b>Desjardins Member only</b> , from your Caisse Desjardins account to our Caisse Desjardins de la Chaudière account (Transit: <b>20202, 815</b> ) <input type="checkbox"/> <b>Bank transfer</b> : Folio: <b>000261</b> <input type="checkbox"/> <b>Funds Transfer</b> : Folio: <b>0002618</b>
<input type="checkbox"/>	Interac: admin@carrefourADN.org
<input type="checkbox"/>	PayPal

### You may send your Membership Application Form by:

Email: <a href="mailto:admin@carrefourADN.org">admin@carrefourADN.org</a>	Post: Carrefour ADN 1112, rue Picasso Lévis (Québec) G6Z 1S8 Canada
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