



Membership Application Form

MANDATORY: Only Carrefour ADN members have access to training courses. Annual Membership Fee: 15\$

Personal Information

* = Mandatory

Name*:	Surname*:
Address*:	City*:
Province*:	Postal Code / ZIP Code*:
Country*:	Email*:
Phone*:	

For further details visit the CarrefourADN website or the [CarrefourADN](https://www.facebook.com/CarrefourADN) Facebook page

Signature:

Date:

<input type="checkbox"/>	Check (Named to: Carrefour ADN)
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Desjardins Member only: <i>Bank transfer</i> from your Caisse Desjardins account to our Caisse Desjardins de la Chaudière account (Transit: 20202, 815 and Folio: 000261)
<input type="checkbox"/>	Desjardins Member only: <i>Funds Transfer</i> between accounts in one Caisse or different Caisse. Send to: Caisse Desjardins de la Chaudière account (Transit: 20202, 815 and Folio: 0002618)
<input type="checkbox"/>	Interac: admin@carrefourADN.org
<input type="checkbox"/>	International Postal Money Order (Europe)
<input type="checkbox"/>	PayPal : Button available under the tab Adhésion on the website of Carrefour ADN
<input type="checkbox"/>	Financial contribution (See information at Accès membres TAB) – No tax receipt will be issued

You may send your Membership Application Form by:

Email: admin@carrefourADN.org	Post: Carrefour ADN 1112, rue Picasso Lévis (Québec) G6Z 1S8 Canada
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