

102-1490 Chemin de Chambly Longueuil (QC) J4J 3X3 514-341-4017 registraire@aqdmd.org www.aqdmd.org

AQDMD Annual Membership

Contact information of the person or organization

Ms.	Mrs.	Mr.			
Last name:		Firs	t Name:		
OR					
Name of organ	nization:				
Address :					
	City	Province	Postal code	Country	
Email:					
Phone:					
Annual memb	ership fee: _	\$20.00			
Donation amo	unt (optional): <u>:</u>	\$			
Total amount	of the cheque: _	\$			
Please remem	ber to include a	cheque with y	our form and ma	il it to the following addr	ess:
	AQDMD				
	102-1490 Cher	nin de Chambly	/		
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Please note that donations made to the AQDMD are not yet eligible for tax deductions.

Thank you for your support.