



AQDMD
Association québécoise
pour le droit de mourir
dans la dignité

CP 5672 BP Bureau Chef
Sainte-Julie (QC) J3E 1X6
514-341-4017
registraire@aqdmd.org
www.aqdmd.org

AQDMD Annual Membership

Contact information of the person or organization

_____ Ms. _____ Mrs. _____ Mr.

Last name: _____ First Name: _____

OR

Organization name (if applicable): _____

Address: _____

City	Province	Postal code	Country
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Email: _____

Phone: _____

Annual membership fee: _____ \$20.00 _____

Donation amount (optional): _____ \$ _____

Total amount of the cheque: _____ \$ _____

Please remember to include a cheque with your form and mail it to the following address:

AQDMD
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Thank you for your support.