

MEMBERSHIP REGISTRATION FORM | COMMUNITY MEMBER

Surname, Name: _____

Address: _____

ZIP Code: _____

Phone: _____

Email: _____

Website: _____

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Please check where applicable and sign at the bottom of the document.

- I confirm that I want to become a community member of Est-Nord-Est.
- I confirm that I have paid my annual membership fee of **20\$** on (date) _____.

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The membership fee of **20\$** can be paid in cash, by Interac transfer via the email address info@estnordest.org or by check payable to:

Est-Nord-Est, résidence d'artistes
335, avenue de Gaspé Ouest
Saint-Jean-Port-Joli, Québec

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Signature: _____

Date: _____