



REGISTRATION FORM
(please, use capital letters)

Name : _____

Address : _____

City : _____

Postal code _____ **# Tel :** _____

Social insurance number : required by **Retraite Québec**

email : _____

CEGEP at retirement time : _____

I agree to become an AREF member and I authorize RETRAITE QUÉBEC to debit each month from my account 2,50 \$. Anytime, I can cancel my membership by writing to the AREF's secretariat.

Date : _____

Signature : _____

We usually place the member's name in the member's list on the website. If you don't want it, check the box

Adresse postale : AREF, C.P. 34009, Québec Qc G1G 6P2

To send a scanned copy of the filled form, mail to :
adhesion.aref@gmail.com