



REGISTRATION FORM
(please, use capital letters)

Name : _____

Address : _____

City : _____

Postal code _____ **Phone :** _____

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

Email : _____

Date of retirement : _____

Employer (when retiring) : _____

I agree to become an AREF member and I authorize Retraite Québec to deduct monthly 2,50 \$ from my pension. I can cancel my membership at any time by writing to the AREF's secretariat.

Date : _____

Signature : _____

We usually place the member's name in the members' list on the website. To refuse this, check the box.

Postal address : AREF, C.P. 34009, Québec Qc G1G 6P2

To send a scanned copy of the completed form, mail to:
secretariat@aref-neq.ca