



Withdrawal Form

PARTICIPANT IDENTIFICATION	
Last Name	First Name
Address	
City	Province and Postal Code
Phone	Member Number
Email Address	

Reverse →

STATEMENT

I hereby request that my AREF membership be cancelled. I understand and acknowledge that my withdrawal will result in the termination of the following benefits:

- The right to attend, speak and vote at AREF's General Meetings.
- The opportunity to stand for AREF's elected positions.
- Subscription to AREF's newspaper.
- The opportunity to sponsor and receive financial contributions from AREF to help fund social aid projects.
- Group insurance coverage with La Capitale under contract 1011 for participant and dependents, as applicable:
 - a. Health insurance, individual or family coverage
 - b. Travel insurance with assistance service and trip cancellation insurance
 - c. Participant's basic and optional life insurance
 - d. Dependents' basic life insurance
- Exclusive reductions on personal insurance with La Capitale (home, auto and leisure vehicle insurance).

I also realize that termination of coverage under contract 1011 will be final and irrevocable.

AREF – Secretariat

PO Box 34009

Quebec QC G1G 6P2

1-888-513-2494

secretariat@aref-neq.ca

Date (YYYY-MM-DD)

Signature

← **Front**