

MEMBER INFORMATION: (IN BLOCK LETTERS)	
Surname:	Given Name:
Address:	
City:	Postal Code:
Telephone #:	Secondary Telephone #:
Email Address:	Date of Birth: (Day month year)
Physical Disabilities (diagnostic):	
My caregiver is: (Name, email address & telephone number)	
TO BE COMPLETED BY THE MEMBER:	
<input type="checkbox"/> I would like to become a member of DéPhy-moi <i>signature inc.</i>	
<input type="checkbox"/> I am willing to become a volunteer for DéPhy-moi <i>signature inc.</i>	
<input type="checkbox"/> I agree to receive information by email from DéPhy-moi <i>signature inc.</i>	
<input type="checkbox"/> I prefer to be contacted by telephone	
I AM INTERESTED IN:	
<input type="checkbox"/> Adapted Physical Exercises	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Informational Activities	<input type="checkbox"/> Chair Yoga
<input type="checkbox"/> Other:	
<input type="checkbox"/> I, the undersigned, attest that the information provided above is accurate and complete and that I will allow DéPhy-moi to use a photo of me in their publications	
<b>Signature required:</b> _____	
ADVANTAGES OF BECOMING A MEMBER:	
<ul style="list-style-type: none"> <li>✓ To be informed of the activities of DéPhy-moi <i>signature inc.</i></li> <li>✓ To have the right to vote at the annual General Meeting and the possibility of being elected to the Board of Directors</li> <li>✓ To become involved with an organisation that meets my needs</li> </ul>	

<p>Return your completed form  <b>DéPhy-moi <i>signature inc.</i></b>  <b>55, avenue du Dauphiné, Candiac (Québec) J5R 6V3</b>  dephymoisignature@gmail.com</p>
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*Mission Statement: to assist people with physical disabilities by offering appropriate physical, social and informational activities.*