



Membership form / Renewal

Contact information

Last name : _____ First name : _____ M / F
Address : _____
City : _____ Province : _____ Postal code : _____
Phone number : _____ Email : _____

Information visible on the website

Office address : _____ City : _____
District : _____ Province : _____ Postal code : _____
Office phone number : _____ Email : _____
Cell phone number : _____ Web site : _____

Membership/Renewal

Annual membership from October 1st, 2019 to September 30th, 2020: **\$75 fee**

New graduates

The Annual membership fee is divided by four-month period depending on the month of your graduation. October to January **\$75** / February to May **\$50** / June to September **\$25**

Require : Attach a copy of your certificate issued by a certified trainer

Accreditation date : _____ Certificate number : _____

Payment

- Cheque should be made out to the Canadian Association of La Trame
or
- Interac payment to *latrameassociation@gmail.com*

Engagement

I hereby agree to abide by the rules and the code of ethics of the association.

Member's signature : _____ Date : _____

**Mail to 446 chemin Théorêt, L'Ange-Gardien (Québec), J8L 2W9 or send by email to
*latrameassociation@gmail.com***

