



## **MEMBERSHIP APPLICATION FORM**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone no : \_\_\_\_\_

Fax no : \_\_\_\_\_

Email address : \_\_\_\_\_

I HEREBY REQUEST that the board of directors of l'Association des éducatrices et éducateurs en milieu familial du Québec inc. (hereafter « L'AÉMFQ ») grant me the status of member of l'AÉMFQ;

I DECLARE that I hold an effective recognition as provider in a family day care, in accordance with to the law "Loi sur les services éducatifs à l'enfance (L.R.Q., chapitre S-4.1.1)" and this, in the area of the following coordinator office:

I HEREBY COMMIT MYSELF to conform to the patent letters, the additional patent letters and the to regulations of l'AÉMFQ; and

I DECLARE PERSONALLY PAYING THE FIRST ANNUAL SUBSCRIPTION OF 5,00\$.

I AM INCLUDING MY PAYMENT, IN CASH,  
TO THE PRESENT FORM

Signed at \_\_\_\_\_

This \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS



*Association des éducatrices  
et éducateurs en milieu  
familial du Québec inc.*

### **MEMBER CARD (temporary)**

Nom : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

