

## Membership and Renewal Form FADOQ

Delivery time: 4 to 6 weeks to receive your card.

Some clubs do not offer a 24-month membership. If you CHOOSE TO JOIN A CLUB, please contact your regional office before completing this form.

**\*Required fields**

### Identification and Membership Type

Last name\* First name\* Date of birth\* DD / MM / YYYY  
 Sex\*: Male  Female  Email Language\*: French  English   
 Membership type\*: New membership  Renewal  If renewal, membership number Club number -  
7 digits 1 letter - 3 digits

### Your Spouse or Partner, if applicable

Last name\* First name\* Date of birth\* DD / MM / YYYY  
 Sex\*: Male  Female  Email Language\*: French  English   
 Membership type\*: New membership  Renewal  If renewal, membership number Club number -  
7 digits 1 letter - 3 digits

Address\* Apt. Post Office Box  
 City\* Province\* Postal Code\* Phone\*

### Membership Duration and Payment

<b>Membership Duration*</b> 12 months - \$30     24 months - \$55	<b>+</b>	<b>Membership Duration for Your Spouse or Partner, if applicable</b> 12 months - \$30     24 months - \$55	<b>=</b>	<b>TOTAL</b> <b>\$</b>
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In joining FADOQ, I consent to FADOQ communication my name, address and telephone number to its major partners\* for solicitation purposes and to receiving information by mail or telephone on products and services. I agree to be contacted even if my telephone number appears on the National Do Not Call List (DNCL).

I understand that I can unsubscribe from the solicitation list at any time by clicking on the «Unsubscribe» link at [www.fadoq.ca/en](http://www.fadoq.ca/en) or by contacting FADOQ at [info@fadoq.ca](mailto:info@fadoq.ca) or at **1 800 544-9058**.

\* Intact Insurance Company inc. and Beneva inc.

**PAYMENT\*: Cheque     Money order     Mastercard     Visa**

Are you paying by check or money order? Please make it payable to **FADOQ**.

Crédit card number:     /     /     /     Expiration     /     CVD  
3 digits

\_\_\_\_\_  
**Signature\*** Date\* DD / MM / YYYY



Print and return this form to your regional or provincial office.