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Montreal Chapter Membership Confirmation Form (RAC Member)

I am a current member of RAC and am confirming my membership with the Montreal Chapter. I understand that RAC will pay my chapter membership fee to the Montreal Chapter.

Name: _____

RAC Membership No.: _____

Address: _____

Telephone: _____

E-mail: _____

Signature: _____

Date: _____



The RAC Montreal chapter has a website at reflexmontreal.org.

Please read and check the following if you agree...

- I wish to be included in the member list on the chapter website.
- I agree to share my contact information with other members on the chapter website.

Please send this form by mail, fax or scanned by e-mail to:

Ines Hardtke
 165 18th Avenue
 St-Eustache QC J7P 3X2
 Fax: 450.974.0600
 E-mail: services@reflexmontreal.org
 Phone: 514.705.6093

Office Use Only

Date Received _____ Current Member _____

Entered Membership List _____ Batch List _____