



La Relève
du Haut-Saint-François
..NOTRE..ORGANISME..FAMILLE..

Member Form La Relève

Date : _____, 20____

Name : _____

Date of Birth : _____

Address : _____

City : _____ Postal code : _____

Email: _____

Telephone : _____ Cellular : _____

Partner's Name: _____

Information about children:

1. Name : _____

Date of Birth : _____

2. Name : _____

Date of Birth : _____

3. Name : _____

Date of Birth : _____

4. Name : _____

Date of Birth : _____

5. Name : _____

Date of Birth : _____

6. Name : _____

Date of Birth : _____

Information about your family

Marital Status

- Single Married Common Law

Schooling

- Secondary College
 Professional University

Source of income

- Full-time paid employment Employment Insurance
 Part-time paid employment Social Assistance
 Self-Employed No income
 Student (loans & burseries) Prefer not to disclose

Annual Family Income

- Less than \$29 000 more than \$89 000
 \$30 000 - \$59 000 Prefer not to disclose
 \$60 000 - \$89 000

Spoken Language (Choose all that apply)

- English French Other : _____

Authorization for the use of photos of minors and adults taken during our activities.

(These photos can be used on Facebook, our advertisements,our website, and in our reports.)

() I accept () I refuse

Signature : _____