



Quebec Association of Educators

MEMBERSHIP APPLICATION

Name: _____
Address of Correspondence: _____
City: _____
Postal Code: _____
Telephone: (H) _____ (W) _____
Employer: _____
Position: _____
Employer Address: _____

Education:
High School: _____ CEGEP: _____ Concentration _____
University: Degree: _____ Graduate Year: _____

Membership Categories:

- Full - \$45.00 Cheque
- Student (non-voting status) - \$25.00 Cheque
- Associate (non-voting status) - \$40.00 Cheque
- Organizational (non-voting status) - \$250.00 Cheque

SIGNATURE:

Please forward to:

**Quebec Association of Educators
Membership Services
6 Weredale Park
Montreal (Westmount) Qc
H3Z 1Y6**