



**Multi-Ethnic Association for  
the Integration of Persons with Disabilities**

6462, St-Laurent Blvd, Montréal (Qué) H2S 3C4  
Telephone : (514) 272-0680 Fax : (514) 272-8530  
E-Mail : ameiph@ameiph.com

New member  
 Renewal  
 Donation

# Membership Form

- A. Active member** ..... 8 \$  **B. Individual associated member** ..... 10 \$   
(persons 18 years old and above)
- Additional active member (living at the same address) ..... 5 \$  ea.
  - Person with a disability of different ethnocultural origins
  - Parent  Spouse
  - Son/Daughter  Brother/Sister
  - Grand-parents
- C. Corporate associated member** ..... 30\$
- D. Supporting member** ..... 50 \$
- E. Donation only** ..... \_\_\_\_\_ \$

Mr.  Ms.

Family name \_\_\_\_\_ Given name \_\_\_\_\_

Names of additional members who live at the same address: \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. (home.) ( ) \_\_\_\_\_ Tel. (work) ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail : \_\_\_\_\_

Language(s) of communication : French  English  Other/s : \_\_\_\_\_

Culture/s of origin: \_\_\_\_\_

**Information about the person with a disability of different ethnocultural origins : (Active members only)**

Name \_\_\_\_\_ Disability or handicap \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
                          d    m    y

Enclosed is my annual fee of \_\_\_\_\_ \$ and/or my donation of \_\_\_\_\_ \$

Receipt for income tax (donation of \$10.00 or more)    yes  no

**Send this form with your annual fee and/or your donation at: AMEIPHQ**

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

**Reserved for administration :**  
Received on : \_\_\_\_\_ Member's N°: \_\_\_\_\_ Expiring date : \_\_\_\_\_

Notes :