

Support our organization's goals by allowing us to improve the lives of people living with a spinal cord injury and people with disabilities looking for employment.

New member

renewal
Membership number : _____

Due date: _____
(Reserved for administration)

Member categories

Regular member

Person living with spinal cord injury

1 year: 25 \$

3 years: 60 \$

Associate member

Person living with or without disability (except spinal cord injury)

1 year: 25 \$

3 years: 60 \$

Family member

Register yourself and your family. (Offer limited to people with the same postal address)

1 year: 35 \$

3 years: 90 \$

1) Personal information (main cardholder)

Our Privacy Policy is committed to respecting the information contained in this document.

Mr. Ms.

Language preference: French English

First name: _____

Family Name : _____

Phone (home): _____

Phone (cell): _____

E-mail : _____

Needed in order to receive our newsletter

Address : _____

City : _____

Province : _____

Postal code : _____

Date of birth : _____

Day / Month / Year

Marital status : _____

single - common law partner - divorced - married - separated - widow (er)

Source of income: Employment Employment Insurance Social assistance none SAAQ CSST/IVAC RRQ

(Multiple choice)

Other: _____

2) Other members (to be completed only if you choose the family package)

First name: _____ Name: _____

If disabled, check the box.

Date of birth: _____ Relationship to principal member: _____

Day / Month / Year

Spouse - Parent - child - brother - sister

First name: _____ Name: _____

If disabled, check the box.

Date of birth: _____ Relationship to principal member: _____

Day / Month / Year

Spouse - Parent - child - brother - sister

First name: _____ Name: _____

If disabled, check the box.

Date of birth: _____ Relationship to principal member: _____

Day / Month / Year

Spouse - Parent - child - brother - sister

3) Professional information (main cardholder)

Company name: _____ Title or function: _____
Professional sector: _____ Employment status: _____
Full time – part time – seasonal - occasional

4) Disability-related information (main cardholder)

Are you a person with a disability? Yes No Please go to section 6
Type of disability: _____ Cause of disability: _____
If spinal cord injury, please complete Part 5
Date of injury (if any): _____
Day / Month / Year
SAAQ number (if applicable) _____ SAAQ advisor name (if applicable) _____
Mobility aid: _____ Transport: _____
Crutches/cane – manual/power wheelchair – orthosis - walker Adapted transit – public transit – personal vehicle

5) Rehabilitation - related information (if spinal cord injury)

Location of phase 1 : Date of entry : _____
Hospital: Sacré-Cœur Enfant-Jésus Montreal General Other: _____ Day / Month / Year
Location of phase 2 : Date of entry : _____
IRGLM IRDPQ Day / Month / Year
Location of phase 3 : _____ Date of entry : _____
Your Regional Rehabilitation Centre Day / Month / Year

6) Sponsorship

Moelle épinière et motricité Québec has a policy helping low-income people with membership costs
Would you like to sponsor one or more membership (s)? Yes No
Donation amount: 25 \$ 50 \$ 75 \$ 100 \$ other amount \$ _____
1 membership 2 memberships 3 memberships 4 memberships Enter the amount
Would you like to get a receipt for your donation? Yes No

7) Payment Type

Visa MasterCard Money order Check Cash
Credit card number: _____ Expiry date: _____
Date : _____ Signature : _____