

Subscription / renewal form for Paraquad

Whether you are an organization, a company or an institution, you can fill out this form to help support our organization. In doing so, you will be participating in a tangible way to improve the daily life of people living with a spinal cord injury and people with a disability, in their search for a job.

Reinventing our autonomy, together!

Organization Company Institution

Language of correspondence: French English

Subscription number: _____

(Reserved for MEMO-QC)

Name :

Contact Person :

Phone :

Other :

Fax :

Email :

Web site :

Required to receive our e-newsletter

Address :

City :

Province : (Québec)

Postal code :

If you plan to move, please inform us of any change of address as soon as possible by e-mail, telephone or mail.

35 \$ (1 copy of Paraquad per issue) for 1 year

70 \$ (4 copies of Paraquad per issue for 1 year

90 \$ (1 copy of Paraquad per issue) for 3 years

180 \$ (4 copies of Paraquad per issue) for 3 years

Payment by :

Visa _____ MC _____ Money order _____ Check _____ Cash _____

Credit card number :

Expiration date: _____ / _____

Month Year

Signature :