

REGISTRATION FORM OF THE CORPORATION CCGLM

Community center for gays and lesbians of Montreal
P.O. Box 476, station "C", Montréal QC H2L 4K4
Telephone: 514-528-8424 Fax: 514-528-9708
info@ccglm.org www.ccglm.org

Registration date _____

N.B. All this information is confidential and for internal use exclusively.

Last Name _____	First name _____
Address _____	
Tel. _____	Business _____
Fax _____	E-mail _____
Employment _____	
Date of birth _____	Courrier identification CCGLM (yes or no) _____

I wish to register

as **INDIVIDUAL MEMBER OF THE CORPORATION**

because I will assist at the general assemblies and I will also have the right to vote. I will be eligible to become an administrator of the Corporation (according to article 2.3.1 of the administrative regulations).

New member _____	} \$10 annual fee	Please find my _____	_____ check
Renewal _____		_____ cash	_____ money order

and/or make a **DONATION TO CCGLM**

because I want to support the Center in its present and future endeavors.

\$10 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$300 <input type="checkbox"/>	\$500 <input type="checkbox"/>	Other _____
Please find my _____ check _____ money order _____ cash (make out to <u>CCGLM</u>)							
Please send me an income tax receipt <input type="checkbox"/> (\$10 or more / Reg. number 13163-7050-RR0001)							

Signature _____

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