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ORPHAN SUN



MEMBERSHIP FORM

Yes! I would like to become a member.

Ms. Mrs. Mr.

First name :

Last name :

Occupation :

Address :

City :

Province:

Postal Code:

Phone (home):

Phone (work):

Email :

As a member of SDO I commit to give 60\$ for one year membership or 30\$ for 6 months membership.

Payment mode : Cheque
 Cash
 Deposit at the bank

Orphan Sun will :

- Keep me informed about the events it organizes.
- Send to me periodically the association's report.

Signature :

Congratulations! Thank you for joining SDO and welcome on board.