



## MEMBERSHIP FORM

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

### MEMBERSHIP INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone or TTY: \_\_\_\_\_

### COMMUNICATION

#### Preferred means of communication:

Email                       Telephone                       Mail

#### Language of communication:

French                       English

### MEMBERSHIP CATEGORIES

- Student member (active) - *Student, former student member with disabilities (FREE)*
- Individual supporting member (active) - *Friends, parents, students without disabilities (\$5)*
- Affiliated supporting member - *Non-profit organizations (\$20)*
- Institutional member – *Educational institutions, profit-making organizations (\$50)*

**Method of payment:**               Cheque                       Cash

### REQUIRED INFORMATION FOR STATISTICAL PURPOSES

**Name of educational institution:** \_\_\_\_\_

**Age:**    <18       18-21       22-30       31-40       41-50       50+

#### Type(s) of disability(ies):

- Motor     Learning disabilities
- Organic     Mental illness
- Sensory (hearing)                               None
- Sensory (visual)                               Other (please specify)

**How did you hear about AQEIPS?:** \_\_\_\_\_

*Please include this form with your payment if need be  
(by cheque made out to AQEIPS or cash).*

