



Become a member of Cooperation and Emergency Architects and belong with the group!

Name _____

Title or Position _____ Company _____

Complete Address _____ Postal Code _____

Email Address _____ Telephone _____ Fax _____

Annual Membership

- Student** Member 25 \$
- Intern** Member 50 \$
- Professional** Member 75 \$
[architects and other construction professional]
- Corporate** Member [allies] 1 000 \$

I am interested in becoming a volunteer in the following domains:

- Communications
- Recrutement
- Research and development
- Missions
- Formation

Make a donation, make a difference!

- I wish to make a one-time donation of \$50
- I wish to make a one-time donation of \$200
- I wish to make a donation in the amount of \$ _____
- I wish to make a monthly donation in the amount of \$ _____ \$
and authorise **Cooperation and Emergency Architects** to draw this sum starting
_____ [day] _____ [month] _____ [year]
- on my credit card
- in my check account [join a check indicating « SPECIMEN »]
- I wish to make an annual donation in the amount of \$ _____
and authorise **Cooperation and Emergency Architects** to draw this sum starting
_____ [day] _____ [month] _____ [year]
- on my credit card
- in my check account [join a check indicating « SPECIMEN »]

Use of the donation

- I wish that my donation be used to support **Cooperation and Emergency Architects'** operations and humanitarian missions
- I wish that my donation be used in the context of the following mission:

- I wish to make a donation in goods and services. Nature of the goods or services offered:



Signature _____ Date _____



Return to:
Cooperation and Emergency Architects
 by fax 514.508.1700
 by email info@architectes-urgence.ca
 by mail 4000 St-Ambroise # 278 Montreal [Qc] H4C 2C7
 Telephone 514 868-1SOS [868-1767]
 www.architectes-urgence.ca

Payment

- Check \$ _____
- Payment by check included made out to **Cooperation and Emergency Architects**
- VISA Total amount to deduct according to the above checked choice
\$ _____
- Card No _____ Expiration _____
- Name of the card holder _____
- Signature _____
- A receipt?