

# Association of Bishop's University Retirees

c/o The Mailroom, 2600 College Street, Sherbrooke, QC J1M 1Z7

Note: Please list all relevant names and addresses if this application is for more than one person.

## Membership Form

DATE: \_\_\_\_\_

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL (please print): \_\_\_\_\_

*If you require a receipt please check here* \_\_\_\_\_

*We need your permission to have your mailing address to communicate with you. If you agree to have your name and address on our confidential mailing list please sign here:*

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Please forward your cheque and completed membership form to the address above. Thank you for your support of our efforts.