



MEMBERSHIP FORM

Non-profit organization member
20,00\$

Commercial member
25,00\$ *

*Only one person may exercise the right to vote in the name of the business/organization. If this person is also an individual member, this person can vote only one time.

INFORMATION

NAME OF THE BUSINESS/ORGANIZATION _____

NAME OF THE PERSON WHO REPRESENTS THE BUSINESS/ORGANIZATION _____

ADDRESS _____

CITY _____

POSTAL CODE _____

BUSINESS PHONE _____

CELL PHONE _____

EMAIL _____

SIGNATURE _____

DATE _____

Payment **Cash** **Cheque**

Would your business/organization like to receive communications from Rafale FM? Yes No

If yes, would you like to receive them by: Mail E-mail

Would your organization/business be interested in creating its own show? If yes, please download the form, complete it and send it to the address indicated. Yes No