



AGRESSION
ESTRIE
— CALACS —

CENTRE D'AIDE
ET DE LUTTE
CONTRE LES AGRESSIONS
À CARACTÈRE SEXUEL

Membership at CALACS Membership request

Cotisation : contribution volontaire

Date : _____

Name: _____

Address: _____

City: _____

Postal code: _____

Phone: - residence/cellphone: _____

- Office: _____

- Other: _____

Email (please write in block letters):

Goals, objectives or/and motivations to have a membership at the CALACS:

Candidate signature: _____

Candidature received by: _____

Membership category: _____

Contribution given to: _____ on the : _____

