

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:

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