



Rassemblement ÉlectroSensibilité Québec

## Membership Application Form - Please complete and mail with a cheque. Thank you.

**Contact Information: To ensure confidentiality, RESQ will not release a member's contact information without permission. Please print or write in capital letters.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address : \_\_\_\_\_ Municipality : \_\_\_\_\_ Postal Code : \_\_\_\_\_  
Without address, write No Fixed Address (NFA) \_\_\_\_\_ Contact Information of someone who can give you RESQ information : \_\_\_\_\_  
Tel. No. principal : \_\_\_\_\_ Tel. No. secondary: \_\_\_\_\_  
E-mail Address : \_\_\_\_\_ (  someone elses' address - cannot use computer)  
Occupation (current and former) current : \_\_\_\_\_ former : \_\_\_\_\_  
Birthdate (YYYY-MM-DD) : \_\_\_\_\_

### Membership Category :

- I am electrosensitive  
 I sympathize, and know this electroseintive person (name): \_\_\_\_\_

### Participation :

To connect with the local groups' committee work, please indicate if you could help with the following tasks :  
 regularly  occasionally  not at this time  
(if yes, please indicate your areas of interest or experience)

- Secretary  Accountant  Translation  Computer Support  
 Website maintenance (*content*)  Website maintenance (*technical*)  
 Literature Searches (scientific publications)  
 Communication with Members  Fundraising  
 Help organize a local group  Assist an electrosentitive person  
 Other / Comments : \_\_\_\_\_

**Permission : Members' contact information (first name, last name, address, e-mail address, telephone number(s) and region) will be sent to members of committees of interest or region of residence (local group).**

- YES  I agree to have my contact information released for these purposes  
NO  I do not agree to have my contact information released for these purposes  
Other  I prefer that someone calls or writes to me first.

### Lifetime Contribution : (a receipt will be sent by e-mail if indicated, or by the post)

Member  20 \$ (minimum)  40 \$  100 \$  Other amount : \_\_\_\_\_ \$  e-mail receipt  
Your signature : X \_\_\_\_\_ Date : \_\_\_\_\_ (YYYY-MM-DD)

**Please complete this form and mail it with a cheque made out to RESQ or Rassemblement ÉlectroSensibilité Québec to : RESQ, 158 De Cournoyer, Boucherville, Qc J4B 7N6**

### Administration only : (Please do not fill in)

Member number : \_\_\_\_\_ Adminstrative region (number) and name : (\_\_\_\_) \_\_\_\_\_  
Application date (YYYY-MM-DD) : \_\_\_\_\_  
Paid by :  cash  cheque dated (YYYY-MM-DD) : \_\_\_\_\_  
Name of person who received the application: \_\_\_\_\_ Initialled : \_\_\_\_\_

To contact us : e-mail address : [electrosensibilitequebec@gmail.com](mailto:electrosensibilitequebec@gmail.com)  
voice mail : 819-686-2852 - website : <https://electrosensibilitequebec.wordpress.com>