AQL LAQ
Association québecoise du lymphœdème
Lymphedema Association of Quebec

6565 Saint-Hubert Street, Montreal, QC, H2S 2M5
Tel: 514 979-2463
aql@infolympho.ca / www.infolympho.ca

Therapist Membership and donation form 2015

Date: _____ **Membership for the year: 2015**

Last name: _____ First name: _____ Title:_____

Business name (if applicable): _____

Business address _____

City: _____ Province: _____ Postal code: _____

Business tel. _____Cell:_____ Business E-mail: _____

Address of Correspondence (if different than above)_____

Personal Email: _____ Language of correspondence: English ☐ French ☐

☐ Certified lymphedema therapist :

Your certification school:_____ REGION where you work: _____

Please specify your certifications. (See legend in the Resource Guide on LAQ website)

□ ALT □ BSc □ CDT □ CLL □ CLT □COMP □ CS □ CSE □ DOM □ FC □ INF □ Kin □ KT

□ KN □ MP □ MT □ MSc □ NP □ ORT □ OT □ PHT □ TRP □ V

Annual Membership Fees ***

☐ **Therapist Member** **$ 185**

***Please send in your membership fees of $185 **before <u>November 15, 2014</u>**
in order to be included in the LAQ Resource Guide for 2015!

MEMBERSHIP FEES **$_____**

Charitable donation *(For all donations over $10 you will receive an official charitable donation receipt.)*

□ **$10** □ **$25** □ **$50** □ **$100** □ **Other____** **DONATION** **$_____**

TOTAL AMOUNT ENCLOSED **$_____**

<u>Cheque</u>: **Lymphedema Association of Quebec**

<u>Credit card</u>: Visa ☐ MasterCard ☐ #:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Signature: _____ Expiration: _____/_____

Please return this completed form with your payment to:

Lymphedema Association of Quebec
6565 Saint-Hubert Street, Montreal, QC, H2S 2M5

We thank you for your support and generosity!