



Association des propriétaires
d'appartements du Grand Montréal

2272 Fleury Street East
Montreal H2B 1K6
Tel.: 514 908-9154 — Fax: 514 908-9155
info@apagm.ca — www.apagm.ca

RESERVED FOR THE ADMINISTRATION

No of membre: _____

Date: _____ Ref.: _____

ADHESION

Name of applicant: _____ Person: Legal entity:
 Name of person in charge: _____ Language of communication: fren.: engl.:
 Name of person in charge: _____ Tel. res.: _____
 Address: _____ Tel. off: _____
 City: _____ Postal code: _____ Cellular Phone: _____
 E-mail: _____ Fax: _____

INSCRIPTION OF PROPERTIES

ADDRESS	NUMBER OF UNITS	INSURANCE EXP. DATE	HEATING (check)			ELEVATOR	LAVATORY
			Elect.	Gas	Oil		

Methods of payment: Cash Cheque Visa MasterCard AUTHORIZATION

Membership fee: \$ **25.00**
Annual fee: \$ **110.00**

Card Number _____ Nb of units _____ x \$1.25: \$ _____

Expiration Date _____ Signature _____ Total: \$ _____

NOTICE Please check box if you do not want your personal informations transmitted to a member-supplier who has contracted an exclusive agreement with A.O.A.G.M. for the benefit of its members.

The client acknowledges to becoming member of the Apartment Owners Association of Greater Montreal (A.O.A.G.M.), a non-profit organization constituted in pursuance of Part 3 of the Companies Act. The client acknowledges to receiving all documents and products pertinent to his adhesion and also acknowledges having read all conditions to the aforementioned adhesion on the back of this application.
An official receipt will be sent with your membership card. By decision of the Board of Directors and in accordance with a non-profit association's mandate, GST and QST are not applicable.

Signature (Client) _____ Date _____

Signature (Duly authorized A.O.A.G.M. representative) _____