



**coop
la maison verte**

ecological products & services

Membership Form

Date: YY _____ MM _____ DD _____

Last Name: _____ First Name: _____

Organization (if applicable): _____

Street Address: _____ Appt # _____

City: _____ Province: _____ Postal Code: _____

Phone number: _____ Fax number: _____

E-mail: _____ Website: _____

I am interested in volunteer opportunities

Language of preference: English French

Membership Type: User (\$10) Family (\$20) Support (\$100)

Product suggestions/Comments/Interests:

Member's Signature (Required)

Return your filled out application to:
Co-op la Maison Verte
5785 Sherbrooke Street West
Montreal (Quebec)
H4A 1X2

TO BE FILLED OUT BY CO-OP PERSONEL:

payment:
verif:
date:
Member number: