



Membership form Physicians' Alliance against Euthanasia

First name :

Last name :

Email address :

Membership type

- Physician - \$100
 Retired or resident - \$25

Phone number :

Address :

Postal code :

City :

Country :

Make your cheque in the name of the "Physicians' Alliance against euthanasia".

**Post the cheque to:
Physicians' Alliance against euthanasia
1650 Cedar avenue, room D17-113
Montreal, QC H3G 1A4**