



Membership form

Last Name:	First Name:
Membership type: <input type="checkbox"/> Physician — \$100 <input type="checkbox"/> Retired or resident — \$25	
Phone number:	Email:
Address:	
City:	Province:
Postal code:	Country:
Make your cheque in the name of: <i>Physicians' Alliance against Euthanasia</i> Post the cheque to: Physicians' Alliance against Euthanasia 61, avenue de Vimy Montreal QC H3S 2P9	