



Member #

## SUBSCRIPTION FORM

Company name :		Corporation or legal name :	Starting date of business operations :
Representative :	Position :	Owner (if different from representative)	Preference language :
Business address :		City :	Postal code :
Telephone :	Fax :	E-mail :	
NEQ:	MAPAQ licence number :		
<b>MEMBER CATEGORY</b>			
Active member – 395\$	Additionnal representative - 145\$	Service - 195\$	
Additionnal branch - 232.50\$	Seasonal- 245\$		
Please add taxes to these amounts.			

### Note : Release of information authorization clause

This clause is included in the restaurateur membership form.

I hereby authorize each of the ARQ's business partners with which I do and will do business to collect information about my company, to use it and to share it with the ARQ for general purposes of statistical analysis, promotion and marketing (products/services) offered by the ARQ. It is understood that all such information will remain confidential.

I hereby declare that all provided information is accurate and complete.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

For any questions or comments, please contact our member services team from  
Monday to Friday between 8h30 A.M. and 4h30 P.M.