

## FORM page 2

Phone No (number): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Middle Name (2<sup>nd</sup> name): \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Language: *(Do you want to get mail in English or French?)*

*(Choose)*    **English / French**