



I freely join the Montreal Association of General Practitioners and pledge myself to observe its rules and regulations.

Full name: _____ Licence C.M.Q.: _____

Address (office): _____

Postal Code: _____ Tel. (office): _____ Tel. (home): _____

Email: _____ Date of Birth: _____

The Association will act on my behalf whenever required by the interest of General Practitioners or the profession.

In recognition of which, I have signed the _____ of _____ 20 _____

Doctor's signature