



## 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 :
Téléphone :	Fax:	E-mail :	
NEQ:	MAPAQ Number :		
<b>MEMBER CATEGORY</b>			
Supplier: food, services, etc. – 395 \$	Additional branch – 232,50 \$	Small business – 170 \$	
Affiliated: school, institute, etc. – 195 \$	Additional representative – 145 \$		
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.**