



"Valuing Public Service Since 1945"

QCC MEMBERSHIP APPLICATION FOR LCBO EMPLOYEES

I _____ am a member of the LCBO with **25** or more years of service. I would like to become a Full Member of the Quarter Century Club. As a full member, I will receive the Trillium newsletter and be eligible to participate in the services offered to members by the QCC.

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Mailing Address:
First Name:	City:
Last Name:	
Year of Birth:	
Date you began working for AGCO:	Province:
If retired - Retirement Year:	Postal Code:
	Home Telephone:
	Home Email:

The QCC has an ongoing commitment to protect the privacy and confidentiality of personal information of our members and associates. We have a strict policy of not releasing personal information about our members and associates to anyone, subject to the important exceptions described in the brochure 'QCC's Commitment to Personal Privacy' available from our website or by calling the QCC office. There is no fee to be a member of the QCC.

I am interested in receiving information on the following QCC services:

- Medical Out of Country Travel and Trip Cancellation Insurance (MEDOC)
- Home & Auto Insurance
- Life Insurance
- Automobile Services
- Home Relocation Services
- Group Tours & Travel

Signed: _____ Date: _____

Return completed application form by mail or fax to:

OPS Quarter Century Club, 2nd Floor, 880 Bay Street, Toronto, ON M7A 2B6
 Telephone: 416-325-1333 or 1-800-561-8657.
 Facsimile: 416-325-1449
 Email: qcclub@ontario.ca
 Website: <http://www.qcclub.gov.on.ca/>

LCBO 25 years plus r4 27/08/2008

880 Bay Street
 2nd Floor
 Toronto, Ontario
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