DEVELOPMENT CHALLENGE

Association des Blais d’Amérique

# Registration: New member [ ] Renewal [ ]

**Fees for 12 months**: $30 Regular member [ ]- $15 Spouse member [ ] (CAN or U.S.)

 $150 Charitable member (3 years) [ ] – $600 Life member [ ]

**Web Site:** [www.blaisdamerique.com](http://www.blaisdamerique.com) **E-Mail**: services@blaisdamerique.com

**Facebook**: [www.facebook.com/famillesblais](http://www.facebook.com/famillesblais)

New members, please fill in the entire form, **and send it to the registrar even if you pay by Accès D Desjardins**. Renewals, do not complete sections 2 and 3, unless you want to signal corrections.



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| --- | --- | --- | --- |
| **Member No** |  | **First and Last Names** |  |
| **Address (street number and name)** |  |
| **Province or State:** | **City:** |
| **Country:**  | **Postal code:**  |
| **Date and place of birth** |  |
| **Date and place of marriage** |  |
| **Occupation** |  |
| **Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widow: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_** |
| **Fax: ( )**  | **Telephone: ( )** |
| **E-mail** |  |
| **Spouse's First and Last Names(and membership no., if applicable)** |  |
| **Spouse's Date and place of birth** |  |

|  |  |
| --- | --- |
| **[ 2 ]  *My Parents*** | ***Spouse's Parents***  |
| **Father's First and Last Names:** | **Father's First and Last Names:** |
| **Mother's First and Last Names:** | **Mother's First and Last Names:** |
| **Date and place of marriage:** | **Date and place of marriage:** |

|  |  |
| --- | --- |
| **[ 3 ]  *My Grandparents*** | ***Spouse's Grandparents***  |
| **Grandfather's First and Last Names:** | **Grandfather's First and Last Names:** |
| **Grandmother's First and Last Names:** | **Grandmother's First and Last Names:** |
| **Date and place of marriage:** | **Date and place of marriage:** |

**I accept that my Blais ancestry be published on the Association's Web Site:     Yes\_\_\_\_ No\_\_\_\_**

**I accept that my biographical file be published on the Web Site and that someone will contact me: Yes \_\_\_No\_\_\_**

**I wish to receive the “*Journal des Blais*” in the following format(s): electronic \_\_\_ paper \_\_\_ both \_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mandatory)**

* **Herein attached the amount of**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Check payable to** **Association des Blais d’Amérique)**
* **I paid with Accès D Desjardins. Date of payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send this form, with your check (if applicable), to:**

***Association des Blais d’Amérique,* c/o Danièle Blais Registrar, 70 des Matricaires St.,
Sainte-Brigitte-de-Laval QC G0A 3K0 Canada – daniele\_blais@hotmail.com**