

Association des Blais d'Amérique

Membership Form / Renewal Form / Address change

Membership request () (A,B,C) Rene A – Personal Information	ewal () (A,C	c) <i>P</i>	ddress change () (A) Member number ()		
Name			Surname			
Address						
			Country			
			Email (mandatory)			
Date of birth						
Civil status: Unmarried Married Common-law unic	on 🗆 Widov	w 🗆 :	Separated □ Divorced □			
Spouse: Name	Surname					
Date of birth						
Date of marriage/common-law union			Place of marriage/common-law union			
Profession, occupation (before retirement)						
B – Genealogical Information						
My parents	My grandparents					
Father's name and surname			Grandfather's name and surname			
Mother's name and surname			Grandmother's name and surname			
Date and place of marriage			Date and place of marriage			
Spouse's parents			Spouse's grandparents			
Father's name and surname			Grandfather's name and surname			
Mother's name and surname			Grandmother's name and surname			
Date and place of marriage			Date and place of marriage			
C – Membership Choice						
1-year membership	\$	٧	3-year membership	\$	٧	
Regular member / Associate member	35 \$		Regular member / Associate member	90 \$		
Spousal member	17,50\$		Spousal member	45 \$		
Youth member (0 – 25years old)	15\$		Youth member (0 – 25years old)	30\$		
Membership	\$	٧	Membership	\$	٧	
Sustaining member (regular member, 3-year designation)	150 \$		Life member (regular member)	700 \$		
Sustaining member (spousal member, 3-year designation)	75 \$		Life member (spousal member)	350 \$		
Please note that membership fees must be paid in a single installment, Co becomes a member; it ends 12 months later. The spousal member receive	, ,		nal sum will be considered a donation. Membership starts in the month in in electronic format only.	which the pers	son	
• I paid by cheque made out to: Association des Blais d'A	Amérique , h	ere is	the sum of_			
• I sent my cheque to the Registrar: Association des Blais	s d'Amériqu	ie, 61	3, rue Martel, Longueuil, QC Canada J4J 1C6			
I paid by AccèsD Desjardins: □	•	•	→ Date of payment			
I paid by Interac to: registraire@blaisdamerique.com	→ Confirmation number					
I wish to receive the Journal des Blais in the following f	ormat: El	ectro				
My membership was paid for with a gift certificate:			.,			
I grant the Association des Blais d'Amérique the right t		listrih	ute the elements indicated in section (B) in compliance w	ith Privacy	Act of	
the province of Quebec: Yes \(\sigma\) No \(\sigma\)	asc and u		and and an account (b) in complainte w	Trucy 7		
ignature Date						