

**Association des Blais d’Amérique  
Membership Renewal Form**

**Member No: First & Last Name:**

**Address:**

**My address has changed. Check:**

**Telephone (*mandatory*):**

**Email (*mandatory*):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Fees for  1 year** | **Check** | **Fees for  3 years (in a single payment)** | **Check** |
| **Regular member** | **$35** |  | **$70** |  |
| **Spouse member** | **$15** |  | **$30** |  |
| **Youth member (0- 25 years)** | **$15** |  | **$30** |  |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **Other members** | **Check** | |
| **Charitable member**  (acknowledgement for 3 years) | **Regular member**  **$150** | **Spouse member**  **$75** |
|  |  |
|  | | |
| **Lifetime member** | **Regular member**  **$700** | **Spouse member**  **$300** |
|  |  |

**Signature: Date**:

* **Herein attached the amount of $**:   
  (**Check payable to Association des Blais d’Amérique)**
* **I paid with AccèsD Desjardins. Date of payment:**
* **I paid by transfer Interac. Confirmation number:**

**Send this form (*mandatory*) and your check (*if applicable*) to:   
*Association des Blais d’Amérique*  
1903 Rue Principale, Saint-Étienne-des-Grès, QC G0X 2P0 Canada   
*Email*: registraire@blaisdamerique.com**

*Renouv\_EN\_2020-09-01*