***Association des Blais d’Amérique***

***Become a member* - *Registration form***

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**First & Last Names:**

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**Address**:

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**Telephone (*mandatory*)**:

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**Email (*mandatory*)**:

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**Date & place of birth**:

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**Date & place of marriage**:

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**Occupation:**

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**Civil status:**

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**Spouse (name)**:

**Genealogical information:**

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| --- | --- |
| ***My Parents*** | ***My Grandparents*** |
| **Father’s First and Last Names:** | **Grandfather’s First and Last Names:** |
| **Mother’s First and Last Names:** | **Grandmother’s First and Last Names:** |
| **Date and place of marriage:**  | **Date and place of marriage:**  |
|  | **Fees for 1 year** | **Check** | **Fees for3 years(in a single payment)** | **Check** |
| **Regular member** | **$30** |  | **$60** |  |
| **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****$600** | **Spouse member****$300** |
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Signature:

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Date:

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* **Herein attached the amount of $**:

(**Check payable to Association des Blais d’Amérique)**

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* **I paid with AccèsD Desjardins.
Date of payment:**

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* **I paid by transfer Interac.
Confirmation number:**
* **I accept that my Blais ancestry be published on the Association’s Web site: Yes □ No □**
* **I wish to receive the “*Journal des Blais*” in the following format (s):
Electronic □ Paper □ Both □**

**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*:** **abaregistraire2@gmail.com**

*Adhésion\_EN\_2020-01-24*