**date:**

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| --- | --- | --- | --- |
| **New membership:** |  | **Renewal, member no:** |  |
| **Name:** |  | **First name** |  |
| **Address:** |  | **City:** |  |
| **Postal code** |  |  |  |
| **Province/state** |  | **Country:** |  |
| **Phone res:** |  | **Cellular:** |  |
| **E-Mail:** |  |  |  |
|  |  |  |  |
| **The newsletter "La Séguinière" is available in electronic PDF format only.**  **Email is essential to receive this newsletter.**  **MEMBERSHIP** | | | |
| 25,00 $ | Annual fees including spouse | |  |
| 300,00 $ | Life-time membership if over 65 years of age | |  |
|  | Donation for the wellbeing of the association | |  |
|  |  |  |  |
|  |  | Total amount: |  |
| **Print and return to:** | | | |
| **Association des Séguin d'Amérique** | | | |
| **11 Bellerose st.** | | | |
| **Dollard-des-Ormeaux (QC) Canada** | | | |
| **H9G 2A7** | | | |
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| Please complete the family tree on page 2-3 | | | |
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| --- | --- | --- | --- |
| **Member** | | | |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **First name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of birth: (DD-MM-YYYY):** |  | **Place of birth:** |  |
| **Father’s name:** |  | **First name of father:** |  |
| **Mother’s maiden family name:** |  | **First name of mother:** |  |
| **Wedding date (yours): (DD-MM-YYYY):** |  | **Place of wedding:** |  |
|  |  |  |  |
|  |  |  |  |
| **Spouse or common-law partner (please precise)** | | | |
| **Name:** |  | **First name:** |  |
| **Date of birth (DD-MM-YYYY):** |  | **Lieu de naissance:** |  |
| **Name of father:** |  | **First name of father:** |  |
| **Mother’s name:** |  | **First name of mother:** |  |
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| **Other weddings: same details as above** | | | |
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|  | | | |
| **Name:** |  | **First name:** |  |
| **Date of birth (DD-MM-YYYY):** |  | **Lieu de naissance:** |  |
| **Name of father:** |  | **First name of father:** |  |
| **Mother’s name:** |  | **First name of mother:** |  |
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|  |  |  |  |
| **Descendant – Please write name of all your children and grand-children** | | | |
| **Name and first name of child** | **Place and date of birth (DD-MM-YYYY)** | **Are they married of living together:** | |
| **Please give the place, date, name of spouse and names of father and mother in law** | |
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| If needed, please use and extra sheet. | | |  |