



Association des Séguin d'Amérique

New membership:	_____	Renewal, member no:	_____
First name:	_____	Second name	_____
Address:	_____	City:	_____
Code postal	_____		
Province/state	_____	Country:	_____
Phone res:	_____	Cellular:	_____
E-Mail:	_____		

I accept to receive the magazine "La Séguinière" in the electronic mode, PDF : YES NO

COTISATION

25,00 \$	Annual fees including spouse	_____
300,00 \$	Life time membership if over 60 years of age	_____
	Donation for the wellbeing of the association	_____
	Total amount:	_____

Print and return to:
Association des Séguin d'Amérique
15, Jacqueline street
Rigaud (QC) Canada
J0P 1P0

Please complete the family tree on page 2

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: (DD-MM-YYYY):	_____	Place of wedding:	_____

Spouse

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:	_____

Other weddings: same details as above

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:	_____

Descendant – Please write name of all your children

Name and first name of child	Place and date of birth (DD-MM-YYYY)	Are they married or living together:
		Please give the place, date, name of spouse and names of father and mother in law

If needed, please use an extra sheet.

Religious life:	_____
Date of entry (DD-MM-YYYY):	_____
Place and name of community:	_____