



Association des Séguin d'Amérique

date: _____

| | |
|------------------------------|----------------------------------|
| 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

Please complete the family tree on page 2-3



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: | _____ |

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 and grand-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 |
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| If needed, please use and extra sheet. | | |