



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:	_____

