ASSOCIATION DES FAMILLES MESSIER INC.

**Be our ambassadors. Invite a parent or a friend Messier to join your Association !**

MEMBERSHIP RENEWAL FORM

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| **Renewal of your membership card** |
| **Name : First name : Member number :** |

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| **New membership** |
| **Name : First name :** |
| **Address : City : State :** |
| **Postal code : Telephone no :** |
| **Email :** |
| I authorize Association des Familles Messier to publish my email address : Yes\_\_\_\_\_ No\_\_\_\_\_ |
| **Date of birth : Place of birth :** |
| **Occupation : Civil status : S\_\_\_M\_\_\_W\_\_\_D\_\_\_Other\_\_\_\_\_\_\_\_\_** |
| **Spouse’s complete name :** |
| **Date and place of your marriage :** |
| **Father’s complete name :** |
| Date and place of birth : Date and place of death : |
| **Mother’s complete name :** |
| Date and place of birth : Date and place of death : |
| Parents - Date and place of the marriage : |
| **Grandfather’s Date and place**  **complete name : of birth and death :** |
| **Grandmother’s Date and place**  **complete name : of birth and death :** |
| Grandparents –  Date and place of the marriage : |
| Signature: Date : |

Enclosed :

🗆 15$ as regular member (1 year)

🗆 50$ as benefactor member (1 year)

🗆 200$ as lifelong member

Send **your completed form** with **your check** to :

**Association des Familles Messier inc.**

**a/s David Messier**

**167 avenue Bazin**

**Laval, QC**

H7N 4P9