



Membership Form

Association des familles Lussier

New application Change of given information Renewal

If it is a change of given information or renewal: # Member (s) : _____

MY INFORMATION

Name: _____ First name: _____

Profession or occupation: _____

Date of birth: _____ City: _____

Current address: Street : _____

City : _____

Province / State : _____ Postal or Zip Code : _____

Phone: _____ Other phone: _____ Email: _____

Place of Marriage (if applicable): _____ Date : _____

SPOUSE / OTHER

Name: _____ First Name: _____

MY PARENTS

Father's Name: _____ Father's First Name: _____

Mother's Name: _____ Mother's First Name: _____

MY GRANDPARENTS (Lussier lineage)

Grandfather's Name: _____ Grandfather's First Name: _____

Grandmother's Name: _____ Grandmother's First Name: _____

TYPE OF MEMBERSHIP

Individual member 1 year - \$30,00 Members (couple) 1 year - \$45,00 *If you choose 'couple', enter your partner's email address*

Individual member 2 years - \$50,00 Members (couple) 2 years - \$75,00 _____

Corporate member 1 year - \$100,00 Company name _____
(Hard copy of newsletter is included)

Newsletter : Digital version (2) - included Hard copy (2) pour 1 an - 15,00 \$

Note that the newsletter is published in French. English version to come Hard copy (4) pour 2 ans - 30,00 \$

MAKE A DONATION

5,00 \$ 10,00 \$ 20,00 \$ 50,00 \$ 100,00 \$

Available to volunteer for the association

I am interested in contributing to the newsletter of the association

Additional information : _____

Total : \$ _____

Signature of the member : _____ Date : _____

I do not want my personal data to be published in the database of Association des familles Lussier.

Cheque payment

Cheque payable to : Association des familles Lussier

Send your cheque to:

Association des familles Lussier

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