



## RENEWAL OF MEMBERSHIP

Please complete **all parts of this document** and return with payment. Thank you.

Member Number (if known) :	
Name:	Email Address :
Address:	Prov./State : Country :
City :	Postal/Zip Code :
Phone Number :	Cell Number :

Membership:	\$
Spouse's Membership (if applicable): Name of pouse:	\$
Donation to the Association*:	
Request for Genealogical Research (20\$) :	\$
<b>TOTAL:</b>	<b>\$</b>

(Please put a check mark according to your choice of membership.)

Membership		(Lastest Up-to-date : 2023-08-11)
<input type="checkbox"/>	Regular member	20\$ /year
<input type="checkbox"/>	Member's spouse	5\$ /year
<input type="checkbox"/>	Benefactor member	50\$ /year
<input type="checkbox"/>	6-year membership	100\$
<input type="checkbox"/>	6-year spouse's membership	25\$
<input type="checkbox"/>	12-year membership	200\$
<input type="checkbox"/>	12-year spouse's membership	50\$

\*Those who will donate to the association in addition to their subscription will see their name published in the Bulletin as a donor. Thank you for your generosity.

(Please put a check mark according to your choice.)

Association Quarterly Bulletin		
<input type="checkbox"/>	I prefer to receive the electronic version of the bulletin by email.	
<input type="checkbox"/>	I prefer to receive the paper version of the bulletin.	
<input type="checkbox"/>	I prefer not to receive any bulletin.	
Other communications (by email or letter)		
<input type="checkbox"/>	<input type="checkbox"/>	To receive communications produced by the Association about annual reunions and other purposes.
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	To receive communications about the Gagne and Bellavance families from other sources than the Association.

Take note that you can change your consent/refusal at anytime. Please contact the Association if you wish to make a change.

Yes	I wish to request a genealogical research. (Our <i>genealogist</i> will contact you if you check this box.)
<input type="checkbox"/>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Please send this form and your payment to:          Association des Familles Gagné-Bellavance d'Amérique Inc.          169, rue Windcrest          Hudson (QC) Canada J0P 1H0</p>	<p>Internet payment :  <b>(To come)</b></p>
--	---