APPLICATION FOR MEMBERSHIP



(new member)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Informations about the new member | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | First name |  | | | | | Mr | | Mrs |
| Address | | | | |  | | | | | | | | | | | | Apartment number | |  |
| City | |  | | | | | | | | | Province, Country |  | | | | | Postal code |  | |
| Phone number | |  | | | | | | | | | E-mail  By providing your email, **you automatically agree to subscribe** to the association's e-newsletter. | | | | | | | | |
| Have you ever been a member of our association? | | | | | | | | | YES | NO | | Member number (if you know) : | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| SOME GENEALOGICAL INFORMATION (PLEASE ALSO COMPLETE THE FORM ATTACHED) | | | | | | | | | | | | | | | | | | | |
| Retired? | | | | YES   NO | | | | | | Profession / business | |  | | | | | | | |  |
| Birth (YYMMDD) | | |  | | |  |  | Place of  birth | |  | |  | | Language of correspondence | | FRENCH  ENGLISH | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| CONTRIBUTION (CANADA) | | | | | | | | | | | | | | | | | | | |
| Regular Member | | |  | | |  | 1 year ($30)  3 years ($80) | | | **Limited time offer:** Receive a birthday calendar valued at $ 20 with a 3-year membership fee. | | | | Benefactor | | 1 year ($60) | | | |  |
| Life Member | | |  | | |  | ($375)  Paid in a single payment | | | Non transferable to husband or wife | | | | Donor and benefactor: check if you do not want your name to appear in *Brelan.* | | | | | |  |
| coNTRIBUTION (OUTSIDE CANADA) | | | | | | | | | | | | | | | | | | | |
| For outside Canada, regardless of the country, please pay in U.S. dollars | | | | | | | | | | | | | | | | | | | |
| Regular Member | | |  | | |  | 1 year (US $35)  3 years (US $95) | | | **Limited time offer:** Receive a birthday calendar valued at $ 20 with a 3-year membership fee. | | | | Benefactor | | 1 year (US $70) | | | |  |
| Life Member | | |  | | |  | (US $400)  Paid in a single payment | | | Non transferable to husband or wife | | | | Donor and benefactor: check if you do not want your name to appear in *Brelan.* | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Return this completed form with your check to the order of Association des Familles Michaud Inc.,  to Association des familles Michaud, 103 rue Loriot, Neuville QC CANADA G0A 2R0** | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | |  | | | | | | | | | Date | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| ACCESS TO ONLINE SERVICES (FREE) | | | | | | | | | | | | | | | | | | | | |
| **Check the situation (s) corresponding to you**  I refuse to have my name published in the association's journal.  I do not have an access code (or I do not remember) and I want access to the exclusive members section on [www.famillesmichaud.org](http://www.famillesmichaud.org)  I am doing genealogical research and I want to have access to the online database of AFMI, hosted by the SGHR.  I will be satisfied with the online version of the Brelan. Please do not send me hard copies (paper) by mail. | | | | | | | | | | | | | | | | | | | | |

GENEALOGICAL INFORMATION



If you wish (it is not "compulsory" to become a member), you can provide us with the genealogical data that you know of your family. This will be very useful for us to complete our database and may allow us to establish missing links.   
*Note: if you are not sure about any information, please do not enter it at all.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| you | | | | | | | | | | |
| First name |  | | | Name | | | | | Mr | Mrs |
| Are you or have you ever been a member of the Michaud association? | | Yes | No | | Member number  (if you know) : | | | Phone ( ) - | | |
| Birth (date YYMMDD) and place | | | | | | | | | |  |
| Your main occupation (currently or before retirement) | | | | | | | | | | |
| Father’s first name | | | | Father’s name | | | | | | |
| Father’s birth and place | | | | | | | | | | |
| Date of death of your father and place | | | | | | | | | | |
| Mother’s first name | | | | Mother’s name | | | | | | |
| Mother’s birth and place | | | | | | | | | | |
| Date of death of your mother and place | | | | | |  | | | | |
| Date (YYMMDD) and place of marriage of my parents | | | | | |  | | | | |
| Brothers (name, birth) from the same father and mother             2. *(Write the sixth name and the following on the back if required)* | | | | | | | Date (YYYY-MM-DD) and place of death | | | |
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| --- | --- | --- | --- | --- |
|  | | | | |
| HUSBAND OR WIFE | | | | |
| Marital status  MARRIED  COMMUN LAW PARTNER  SINGLE  WIDOW  RELIGIOUS  SEPARATED/DIVORCED | | | | |
| First name and name of your wife or husband | | | Date (YYYY-MM-DD) and place of birth | |
|  | | | Date (YYYY-MM-DD) and place of death | |
| His (her) main occupation (currently or before retirement) | | | |  |
| Date (YYMMDD) and place of your marriage (If it's happened) |  | | | |
| First name and name of each of the children from your union, and birth | | Date (YYYY-MM-DD) and place of death | | |
| *Note : Complete another sheet titled "Your wife or husband" if you wish to inform us of other children you have from another union.* | | | | |  |
| His (her) father’s first name and name | | | Date (YYYY-MM-DD) and place of birth | |
|  | | | Date (YYYY-MM-DD) and place of death | |
| His (her) mother’s first name and name | | | Date (YYYY-MM-DD) and place of birth | |
|  | | | Date (YYYY-MM-DD) and place of death | |

|  |  |  |
| --- | --- | --- |
|  | | |
| grandpARENTS (parents OF YOUR FATHER) | | |
| Name of your grandfather | Date (YYYY-MM-DD) and place of birth | |
|  | Date (YYYY-MM-DD) and place of death | |
| Maiden name of your grandmother | Date (YYYY-MM-DD) and place of birth | |
|  | Date (YYYY-MM-DD) and place of death | |
| Date (YYMMDD) and place of marriage | |  |
|  | | |
| GREAT-GRANDPARENTS (GRANDSPARENTS OF YOUR FATHER) | | |
| Name of your great grandfather | Date (YYYY-MM-DD) and place of birth | |
| Maiden name of your great grandmother | Date (YYYY-MM-DD) and place of birth | |
| Date (YYMMDD) and place of marriage | |  |
|  | | |
| grandpARENTS (parents OF YOUR mother) | | |
| Name of your grandfather | Date (YYYY-MM-DD) and place of birth | |
|  | Date (YYYY-MM-DD) and place of death | |
| Maiden name of your grandmother | Date (YYYY-MM-DD) and place of birth | |
|  | Date (YYYY-MM-DD) and place of death | |
| Date (YYMMDD) and place of marriage | |  |
|  | | |
| GREAT-GRANDPARENTS (grandsparents OF YOUR mother) | | |
| Name of your great grandfather | Date (YYYY-MM-DD) and place of birth | |
| Maiden name of your great grandmother | Date (YYYY-MM-DD) and place of birth | |
| Date (YYMMDD) and place of marriage | |  |
|  | | |
| SEND THIS FORM TO: | | |
| **By mail :**  Association des Familles Michaud Inc.  103, rue Loriot  Neuville QC G0A 2R0  **Or, after printed, completed and scanned, by email attachment to genealogie@famillesmichaud.org** | | |

* If you are a member in good standing, you will find this information in a few months in the genealogical database of our association, accessible free online as long as you are a member.
* The AFMI genealogist reserves the right not to enter information which appears to him contradictory or inaccurate, according to his own research.
* *Reminder: If you are unsure of any information, simply do not enter it. In genealogy, it is better not to have information at all rather than perpetuate an erroneous one.*

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V. 2020/02