

L'Association des Fournier d'Amérique
Membership or Renewal Form



Name _____ First name _____ Mr. ___ Mrs. ___
Address _____ City _____
Province or State _____ Postal Code or Zip Code _____
Phone number (____) _____ E-mail _____
Occupation _____
Date and place of birth _____
Spouse's name _____
Date and place of marriage _____

Annual Fees: Regular member 25\$ _____ Benefactor member 50\$ _____ Lifetime member 350\$ _____
N. B. American members must pay in U.S. dollars. Send a cheque or money order made out to the order of:
L'Association des Fournier d'Amérique
650, Graham-Bell, bur. 210
Quebec City, QC Canada G1N 4H5

If you wish to receive your lineage, you must complete this form with the information of your Fournier's parents. Price 15 \$ for a member or 25 \$ for a non-member. Please send it to the address above:

Father _____

Date and place of birth _____

Mother _____

Date and place of birth _____

Date and place of marriage _____

Grandparents

Grandfather (paternal side) _____

Date and place of birth _____

Date and place of death _____

Grandmother (paternal side) _____

Date and place of birth _____

Date and place of marriage _____

Date and place of death _____

Great-grandparents

Great-grandfather (paternal side) _____

Date and place of birth _____

Date and place of death _____

Great-grandmother (paternal side) _____

Date and place of birth _____

Date and place of marriage _____

Date and place of death _____

Signature _____ member no: _____ Date _____

26-nov-2018