

Association of the Choquet-te of America Inc. 11523, avenue de London, Montréal-Nord (QC), Canada H1H 4J6

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Tél.: (450) 359-9125

| Member No. | |
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| | |

MEMBERSHIP FORM

I wish to contribute to the preservation of the Choque-te's heritage through my membership to the Association of the Choquet-te of America Inc. as a :

| the Association, your Membership Card and to | rship fee of : 35 \$ ge of 18 is \$ covers your copy of the Statutes and Regulations of the last issue of the "La Choquetterie" newsletter. June 30 th of each year, the first fee for a new Member is | |
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| Last Name: | First Name: | |
| Address: | | |
| Province/State: Country: | Postal Code: | |
| Telephone res.: | Email: | |
| Date and Place of birth: | | |
| Name of spouse: | | |
| Date and Place of birth: | | |
| | | |
| Name of your father: | | |
| Date and Place of his birth: | | |
| Date and Place of his death (if applicable): | | |
| Name of your mother: | | |
| | | |
| Date and Place of her death (if applicable): | | |
| Name of your grand-parents: | | |
| Names of your children with dates and places of birth: | : | |
| First names of your sisters and brothers: | | |
| Special Promotion for new Members aged 30 | or less: Free membership for the first year. | |

I accept that my name, address, telephone number, date and place of birth, of baptism and marriage be included in the Members list and in the data base of the Association of the Choquet-te of America Inc.

- o Kindly send your check or money order to the: « Association of the Choquet-te of America Inc. »
- A personal photo (or of the family) for our archive and for publication under the "New Members" column of "La Choquetterie" newsletter would be appreciated.

| SIGNATURE | DATE |
|-----------|------|
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