

FORM MEMBERSHIP \Box renewal \Box

Name:	First name :	membership # :
Address:	City	:
Province/State	Country	ZIP/Postal code
Phones	E-mail	French 🔲 English
"La Gagnonnière " digita	l format by e-mail/Website: 🗌 Member 1	year 25\$ 2 years: 45\$ 3 years: 65\$
Or		, , , , , , , , , , , , , , , , , , ,
	format sent by mail: 🛛 Member 1	year: 30\$ 🗌 2 years: 55\$ 🗌 3years: 80\$
And/Or I want to mak	e a donation:\$	
	nat the application is processed after the	payment is received by the registrar.
·		transfer to registraire@gagnon-belzile.con
— ·	passe: gagnon2020	
🔄 I send (v	within 5 days) my payment by mail to th	e registrar: René Bergeron, 2821 Regnault
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At Info@gagnon-belzile.com(address: 650 rue Graham-Bell, bur. 210, Québec QC G1N 4H5)30-11-20Or visit our Website : www.gagnon-belzile.comand Facebook page : Les familles Gagnon et Belzile inc.



GENEALOGICAL DATA SHEET

IMPORTANT NOTICE

We invite you to participate in one of the association's objectives by contributing to our genealogical database. Read the association's privacy policy and agree that the following information about your family may be included in our genealogical database so that it can be viewed on the Web by members, in accordance with the privacy policy.

I agree I prefer that the dates be hidden

Your name: ______ First name: ______ Born on: _____ Location: _____

Spouse	Name	First name	Date of birth	Location
1				
	Date of union:		Location:	

Spouse	Name	First name	Date of birth	Location
2				
	Date of union:		Location:	

Spouse	Name	First name	Date of birth	Location
3				
	Date of union:		Location:	

Your children / First name	Mother's name	Date of birth	Date of death	Date of union / Location	Spouse's name

Your grandchildren / First name	Date of birth and location	Father's name	Mother's name



Your father's name	First name	Date of birth	Location	Date of death	

Your mother's name	First name	Date of birth	Location	Date of death
Date of union:			Location:	

Your brothers and sisters / First name	Date of birth	Date of death	Date of union / Location	Spouse's name

SUPPLEMENTARY LISTS

Your children /	Mother's name	Date of	Date of	Date of union / Location	Spouse's name
First name		birth	death		

Your grandchildren / First name	Date of birth and location	Father's name	Mother's name

650 rue Graham-Bell, bur. 210, Québec QC G1N 4H5