



# DEVELOPMENT CHALLENGE

## Association des Blais d'Amérique

Registration: New member [ ] Renewal [ ]

**Fees for 12 months:** \$30 Regular member [ ] - \$15 Spouse member [ ] (CAN or U.S.)  
\$150 Charitable member (3 years) [ ] - \$600 Life member [ ]

**Web Site:** [www.blaisdamerique.com](http://www.blaisdamerique.com) **E-Mail:** [services@blaisdamerique.com](mailto:services@blaisdamerique.com)

**Facebook:** [www.facebook.com/famillesblais](http://www.facebook.com/famillesblais)

New members, please fill in the entire form, and send it to the registrar even if you pay by Accès D Desjardins.  
Renewals, do not complete sections 2 and 3, unless you want to signal corrections.

Member No		First and Last Names	
Address (street number and name)			
Province or State:		City:	
Country:		Postal code:	
Date and place of birth			
Date and place of marriage			
Occupation			
Single: ____ Married: ____ Widow: ____ Separated: ____ Divorced: ____			
Fax: ( )		Telephone: ( )	
E-mail			
Spouse's First and Last Names (and membership no., if applicable)			
Spouse's Date and place of birth			

[ 2 ]

*My Parents*

*Spouse's Parents*

Father's First and Last Names:	Father's First and Last Names:
Mother's First and Last Names:	Mother's First and Last Names:
Date and place of marriage:	Date and place of marriage:

[ 3 ]

*My Grandparents*

*Spouse's Grandparents*

Grandfather's First and Last Names:	Grandfather's First and Last Names:
Grandmother's First and Last Names:	Grandmother's First and Last Names:
Date and place of marriage:	Date and place of marriage:

I accept that my Blais ancestry be published on the Association's Web Site: Yes \_\_\_ No \_\_\_

I accept that my biographical file be published on the Web Site and that someone will contact me: Yes \_\_\_ No \_\_\_

I wish to receive the "Journal des Blais" in the following format(s): electronic \_\_\_ paper \_\_\_ both \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

- Herein attached the amount of \$ \_\_\_\_\_ (Check payable to Association des Blais d'Amérique)
- I paid with Accès D Desjardins. Date of payment: \_\_\_\_\_

**Send this form, with your check (if applicable), to:**  
**Association des Blais d'Amérique, c/o Danièle Blais Registrar, 70 des Matricaires St.,**  
**Sainte-Brigitte-de-Laval QC G0A 3K0 Canada – [daniele\\_blais@hotmail.com](mailto:daniele_blais@hotmail.com)**