

**Admission form**

**Name, first name :** \_\_\_\_\_

**Spouse :** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**City :** \_\_\_\_\_

**Province/State :** \_\_\_\_\_

**Postal/Zip code :** \_\_\_\_\_

**Phone :** \_\_\_\_\_

**Date of birth :** \_\_\_\_\_

**Date of marriage :** \_\_\_\_\_

**Place of marriage :** \_\_\_\_\_

**Membership (valid until next June 30th) : 20,00 \$ CDN (20 \$ US)**

**Please write a cheque to "Les Descendants des Fréchette inc."**

**Send it to the following address :**

**Les Descendants des Fréchette inc.  
6455, rue Bourget  
Brossard (Québec)  
Canada  
J4Z 2J8**

**Consent: Do you agree that your name, address and phone number be published in our members' list (no response means that you agree) :**

**I agree : \_\_\_\_\_ I refuse: \_\_\_\_\_**