

## 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.**  
**796, rue Chapleau**  
**Mont Saint-Hilaire, Qc**  
**Canada**  
**J3H 0C2**

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