

Admission or renewal form

Name, first name : _____

Spouse : _____

Address : _____

City : _____

Province/State : _____

Postal/Zip code : _____

Phone : _____

E-mail : _____

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**