



Association des familles Michaud Inc.  
1763 CH DU FLEUVE  
LÉVIS QC G6W 1Z6

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www.famillesmichaud.org  
Tél.: 418-834-3059

# MEMBERSHIP FORM APPLICATION

Three ways to pay for your subscription:

1. **The easiest** by our site <https://famillesmichaud.org/en/join-us>. With PayPal, Visa or MasterCard **OR**
2. Make an Interac transfer using the email [tresorerie@famillesmichaud.org](mailto:tresorerie@famillesmichaud.org). As a question, write: *In what year was AFMI founded?* Answer: **1987 OR**
3. Print, fill out manually, and mail this form with your check to the AFMI address.

## INFORMATIONS ABOUT THE NEW MEMBER

|  |   |   |
|--|---|---|
| First name:  | Name:   |   |
| <b>If you remember, enter your membership number if you have been a member before:</b> |   |   |
| Address:   | Apartment number:   |   |
| City:  | Province,<br>Country:   | Zip code:   |
| Telephone:   | Email:  |   |
|  | To receive any communication from AFMI via email, you will need to give your consent following a request from us. (*) |   |
| Birth (AAMMJJ):  | Correspondence language:  | <input type="checkbox"/> English<br><input type="checkbox"/> French |

## CONTRIBUTION (CANADA)

|                            |  |  |
|----------------------------|--|--|
| <b>Regular member</b>      | One year : <input type="checkbox"/> 30 \$    | <b>Limited time offer:</b> receive a birthday calendar worth 20 \$ with a three-year contribution. |
|                            | Three years : <input type="checkbox"/> 80 \$ |  |
| <b>Benefactor member</b>   | <input type="checkbox"/> 60 \$               | Duration of one year from the date of renewal.   |
| <b>Additional donation</b> | \$   |  |

## CONTRIBUTION (OUTSIDE CANADA)

For outside Canada, regardless of the country, please pay in U.S. dollars.

|                            |  |  |
|----------------------------|--|--|
| <b>Regular member</b>      | One year: <input type="checkbox"/> 35 US \$    | <b>Limited time offer:</b> receive a birthday calendar worth 20 \$ CDN with a three-year contribution. |
|                            | Three years: <input type="checkbox"/> 95 US \$ |  |
| <b>Benefactor member</b>   | <input type="checkbox"/> 70 US \$              | Duration of one year from the date of renewal.   |
| <b>Additional donation</b> | US \$  |  |



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## MAIL THIS FORM WITH A CHECK PAYABLE TO

Association des familles Michaud Inc.  
1763 CH DU FLEUVE  
LÉVIS QC G6W 1Z6  
CANADA

Signature :

Date :

## ACCESS TO ONLINE SERVICES (FREE) RESERVED TO MEMBERS

### Check the situation(s) corresponding to you:

- I refuse to have my name published in the association's journal.
- I do not have an access code (or I do not remember) and I want access to the exclusive members section on <https://famillesmichaud.org/en/>.
- I will be satisfied with the online version of *Le Breilan*. Please do not send me hard copies by mail.

IMPORTANT: The personal information provided is considered confidential by the Association, as required by Quebec Law 25.

To learn more about our privacy policy (in french only):

<https://famillesmichaud.org/fr/politique-de-protection-renseignements-personnels>

(\* ) The consent request we will send you by email is required by Canada's Anti-Spam Legislation (CASL). Without your consent, AFMI will not be able to contact you by email.