



**Association des Familles Michaud inc.**

Secrétariat :  
103, rue Lorient  
Neuville QC G0A 2R0

afmlsecretaire@gmail.com  
www.famillesmichaud.org

Tél.: 418 876-2184

# APPLICATION FOR MEMBERSHIP

(new member)

## INFORMATIONS ABOUT THE NEW MEMBER

Name	First name	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Address		Apartment number	
City	Province, Country	Postal code	
Phone number	E-mail		
Have you ever been a member of our association?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Member number (if you know) :
How did you hear about the association?	Someone <input type="checkbox"/> Website <input type="checkbox"/> Activity <input type="checkbox"/> Stand <input type="checkbox"/> Other _____	Name of the sponsor, if applicable	

## SOME GENEALOGICAL INFORMATION (PLEASE ALSO COMPLETE THE FORM ATTACHED)

Retired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Profession / business	
Birth (YYMMDD)	Place of birth	Language of correspondence	FRENCH <input type="checkbox"/>	ENGLISH <input type="checkbox"/>

## CONTRIBUTION (CANADA)

Regular Member	1 year (\$30) <input type="checkbox"/>	Including husband or wife	Benefactor	1 year (\$60) <input type="checkbox"/>
	3 years (\$80) <input type="checkbox"/>			Including husband or wife Honorable mention in Le Breton and website
Life Member	(\$375) Paid in a single payment <input type="checkbox"/>	Non transferable to husband or wife	Benefactor : I do not want my name to appear on the website <input type="checkbox"/>	

## CONTRIBUTION (OUTSIDE CANADA)

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

Regular Member	1 year (US \$35) <input type="checkbox"/>	Including husband or wife	Benefactor	1 year (US \$70) <input type="checkbox"/>
	3 years (US \$95) <input type="checkbox"/>			Including husband or wife Honorable mention in Le Breton and website
Life Member	(US \$400) Paid in a single payment <input type="checkbox"/>	Non transferable to husband or wife	Benefactor : I do not want my name to appear on the website <input type="checkbox"/>	

## PLEASE RETURN THIS FORM WITH YOUR CHECK TO :

**Association des Familles Michaud Inc.**  
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**Neuville QC G0A 2R0**

SIGNATURE	Date
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# GENEALOGICAL INFORMATION

We thank provide informations about your family. This will very useful to complement our database and we will perhaps establish missing links.

*Note: If you are unsure of any information, please do not enter it at all.*

YOU	
First name	Name
	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
Are you or have you ever been a member of the Michaud association? Yes <input type="checkbox"/> No <input type="checkbox"/>	Member number (if you know) : Phone ( ) -
Birth (date YYMMDD) and place	
Your main occupation (currently or before retirement)	
Father's first name	Father's name
Father's birth and place	
Date of death of your father and place	
Mother's first name	Mother's name
Mother's birth and place	
Date of death of your mother and place	
Date (YYMMDD) and place of marriage of my parents	
Brothers (name, birth) from the same father and mother	Date (YYYY-MM-DD) and place of death
1.	
2.	
3.	
4.	
5.	
6.	
<i>(Write the sixth name and the following on the back if required)</i>	

**HUSBAND OR WIFE**

Marital status

MARRIED  COMMUN LAW PARTNER  SINGLE  WIDOW  RELIGIOUS  SEPARATED/DIVORCED 

First name and name of your wife or husband

Date (YYYY-MM-DD) and place of birth

Date (YYYY-MM-DD) and place of death

His (her) main occupation (currently or before retirement)

Date (YYMMDD) and place of your marriage (If it's happened)

First name and name of each of the children from your union, and birth

1.

2.

3.

4.

5.

6.

7.

Date (YYYY-MM-DD) and place of death

*Note : Complete another sheet titled "Your wife or husband" if you wish to inform us of other children you have from another union.*

His (her) father's first name and name

Date (YYYY-MM-DD) and place of birth

Date (YYYY-MM-DD) and place of death

His (her) mother's first name and name

Date (YYYY-MM-DD) and place of birth

Date (YYYY-MM-DD) and place of death

**GRANDPARENTS (PARENTS OF YOUR FATHER)**

Name of your grandfather	Date (YYYY-MM-DD) and place of birth
	Date (YYYY-MM-DD) and place of death
Maiden name of your grandmother	Date (YYYY-MM-DD) and place of birth
	Date (YYYY-MM-DD) and place of death
Date (YYMMDD) and place of marriage	

**GREAT-GRANDPARENTS (GRANDPARENTS OF YOUR FATHER)**

Name of your great grandfather	Date (YYYY-MM-DD) and place of birth
Maiden name of your great grandmother	Date (YYYY-MM-DD) and place of birth
Date (YYMMDD) and place of marriage	

**GRANDPARENTS (PARENTS OF YOUR MOTHER)**

Name of your grandfather	Date (YYYY-MM-DD) and place of birth
	Date (YYYY-MM-DD) and place of death
Maiden name of your grandmother	Date (YYYY-MM-DD) and place of birth
	Date (YYYY-MM-DD) and place of death
Date (YYMMDD) and place of marriage	

**GREAT-GRANDPARENTS (GRANDPARENTS OF YOUR MOTHER)**

Name of your great grandfather	Date (YYYY-MM-DD) and place of birth
Maiden name of your great grandmother	Date (YYYY-MM-DD) and place of birth
Date (YYMMDD) and place of marriage	

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**SEND THIS FORM TO:**

**By mail :**

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103, rue Lorient  
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**Or, after printed, completed and scanned, by email attachment to [afmisecretaire@gmail.com](mailto:afmisecretaire@gmail.com)**

- If you are a member in good standing, you will find this information in a few months in the genealogical database of our association, accessible free online as long as you are a member.
- The AFMI genealogist reserves the right not to enter information which appears to him contradictory or inaccurate, according to his own research.
- *Reminder: If you are unsure of any information, simply do not enter it. In genealogy, it is better not to have information at all rather than perpetuate an erroneous one.*