



Poitras Family Association – Membership Form
Capital letters please

Member # (if renewal) _____

Last Name _____

First Name _____

Job Title _____

Birthday _____

Place of birth _____

Address _____

Phone number _____

Email _____

For family membership (with children under 18), write the names of all family members:

Spouse _____

Children under 18 years old _____

Membership Categories:

- Select: Regular 20.00 \$
 Family 30.00 \$ (maximum of 2 adults and 3 children under 18, residing all at the same address)
 Benefactor 40.00\$

By mail: Cheque payable to: **Association des Familles Poitras Inc.**
 2473, rue Boisvin, Longueuil, QC
 CANADA
 J4M 2T9

By email: Pay via Paypal link and send completed form to **Secretariat@poitras.info**

Date _____ **Signature :** _____

Genealogy Information

Father's name _____

Mother's name _____

POITRAS grand-father's name _____

Grand-mother's name _____

POITRAS great grand-father's name _____

Great grand-mother's name _____

Any additional information (ex: birthday, wedding date, death) is greatly appreciated,