

MEMBERSHIP FORM

Name _____ Date _____

Street _____

City _____

Prov./State _____ Country _____ Postal Code _____

Tel. () _____ Email _____

Enclosed a cheque of \$ _____ payable to:

ASSOCIATION DES FAMILLES PERRON D'AMÉRIQUE

MEMBER (PLEASE INDICATE YOUR CHOICE)

_____ Regular: \$25 for 1 year; \$70 for 3 years – in Canada
 \$30 for 1 year; \$85 for 3 years – other than Canada
 \$25 for 1 year; \$70 for 3 years – other than Canada (electronic version)

_____ Benefactor: \$40 and more

Amounts are in Canadian currency

I am a descendant of:

_____ Daniel Perron dit Suire

_____ Joseph Dugrenier dit Perron

_____ Jacques Desnoyers dit Lajeunesse

_____ Unknown

Please send your request along with a cheque to the following address:

ASSOCIATION DES FAMILLES PERRON D'AMÉRIQUE
498, 9e Rang
Val-Joli, QC Canada
J1S 0H3