REGISTRATION FORM

Please return this form with payment to :
ADNAL or Association des Descendants de Nicolas Audet dit Lapointe
399, rue Lemoyne, Beloeil (Quebec) Canada J3G 2C1

Family Name:_____First Name:_____

Address: _____City:_____ Province/State: _____

Postal Code (Zip):_____ Country: _____ Phone residence (_____)_____

Phone office: (____)_____ E-mail: _____@_____

Place of Birth: _____ and Date:_____
(MM / DD / YYYY)

Language of correspondance: French _____ or English _____ (check)

How did you find or heard of the Association? : _____

Yearly Dues: **(In your country currency)**

Member: **20$** , Life Member: **400$** or more

Please make your check payable to ADNAL
or
Association des Descendants de Nicolas Audet dit Lapointe

and mail at the above address.

I authorize l'Association des descendants de Nicolas Audet dit Lapointe (ADNAL) and its publications, to use my personal information such as birth, marriage and death dates and places of birth for genealogical and /or family history purposes.

SIGNATURE: _____

(WEB 090223)

You know your linage from one of Nicolas' sons, please indicate his name: → _____, son of Nicolas and Magdeleine

In order to help us compile more information for the database of the Association, please fill out the following questionnaire

Full name of your spouse/husband_____ **Date of your marriage**_____

Her/his father_____ **Married where**_____

Her/his mother (maiden name)_____

Your father_____ **Maiden name of your mother** _____

His birth date_____ Her birth date _____

His birthplace _____ Her birthplace _____

Date of their marriage_____ where _____

Your grandfather_____ **Maiden name of your grandmother**_____

His birth date_____ Her birth date_____

His birthplace _____ Her birthplace _____

Date of their marriage_____ where _____

Additional information about Audet(te) ou Lapointe family : _____

_____

_____

_____

_____ if needed continue on the back page