

## REGISTRATION FORM

**ASSOCIATION DES SCALABRINI D'AMÉRIQUE**  
**25, RUE JOGUES**  
**SAINT-BRUNO-DE-MONTARVILLE, QC, CANADA J3V 1E2**  
**E-mail : [rrscalabrini@videotron.ca](mailto:rrscalabrini@videotron.ca)**

Name & given names :

Born on : \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year      At (City, Province/State) :

Father's name & given names :

Mother's name & given names :

Address :

City : \_\_\_\_\_ Province/State : \_\_\_\_\_ Postal/ZIP Code : \_\_\_\_\_

Telephone : (     ) \_\_\_\_\_ Fax : \_\_\_\_\_

e-mail :

### SPOUSE

Name & given names :

Born on : \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year      At (City, Province/State) :

Married at (City, Province/State) : \_\_\_\_\_ Date : \_\_\_\_\_

Father's name & given names :

Mother's name & given names :

### DEPENDENT CHILD(REN)

Name	Given name(s)	Date of birth
		_____ Day _____ Month _____ Year
		_____ Day _____ Month _____ Year
		_____ Day _____ Month _____ Year
		_____ Day _____ Month _____ Year

### REGISTRATION COST

Individual :	<b>25\$ Can/US year</b>
Benefactor :	<b>50\$ Can/US year</b>
Family (Member, spouse, & dependent children) :	<b>35\$ Can/US year</b>
Life membership for the descendant :	<b>375\$ Can/US</b>
Life membership for the spouse and dependent children :	<b>100\$ Can/US</b>

### PAYMENT

Enclosed, the sum of : \_\_\_\_\_ \$ for my registration to l'Association des Scalabrini D'Amérique.

For payment by cheque, please indicate your cheque number : \_\_\_\_\_ Cheque # : \_\_\_\_\_

Comments :

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

You know descendants of Ferdinando who have not yet joined l'Association des Scalabrini d'Amérique? If so, please give them a blank copy of this registration form and invite them to become members. Thank you for your valuable contribution.  
The administration committee. [WWW.associationdesscalabrinidamerique.com](http://WWW.associationdesscalabrinidamerique.com)