

REGISTRATION FORM

ASSOCIATION DES SCALABRINI D'AMÉRIQUE
1005, RUE DES TOURTERELLES
MAGOG, QC, CANADA J1X 3W2
E-MAIL : SCALABRINI.BC@GMAIL.COM OR BY PHONE : (819) 847-3661

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

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