Association des familles Morissette

Membership form - 2025

January to December

New member ☐
Renewal ☐

MEMBERSHIP DUES
28 $ /year (Canada)
35 $ /year (USA)
10 $ /year (Associate members)

MEMBER

Name, First Name _____ Membership No. _____

Address _____ Apt./Unit _____

City _____ Province/State: _____ Postal Code/Country _____

Email _____ Telephone _____

Year of birth _____

An email address must be provided to receive your access code to the members-only section of the website.

I wish to receive ***La Moricetterie*** and all other association documents in the following format (choose one) : All documents will be sent electronically if no option is chosen..

☐ Electronic (pdf by email) **OR** ☐ Paper (by mail)

In becoming a member of the Association des familles Morissette (AFM), I understand the AFM and its newsletter ***La Moricetterie,*** may use my personnal data such as date and place of birth, marriage, and death for genealogical and or family history purposes.

Signature _____ Date:_____

ASSOCIATE MEMBER An associate member must live at the same address as the member to whom he/she is associated. He/she has the same rights as the main member, but only one set of documents is sent (to the main member). To receive his/her personal access code to the member-only section of the website, the associate member must provide an email address different from the main member's.

Name, First Name _____ Membership No. _____

Email _____ Telephone _____

Year of birth _____

In becoming a member of the Association des familles Morissette (AFM), I understand the AFM and its newsletter ***La Moricetterie,*** may use my personnal data such as date and place of birth, marriage, and death for genealogical and or family history purposes.

Signature _____ Date:_____

Summary

Membership – for the calendar year **(Canada) @ 28** $	_____
Membership – for the calendar year **(United States of America) @ 35 $** (Canadian dollars)	_____
Membership – for the calendar year **(Europe/Worlds) @ 42 $** (Canadian dollars)	_____
Associate Membership – for the calendar year **(all categories) @ 10 $** (Canadian dollars)	_____
Donation to the Association des familles Morissette:	_____
Total enclosed :	_____

Write the cheque out to **Association des familles Morissette inc.** and send along with the form to :

Association des familles Morissette
545 rue Beauchamp, St-Marc-des-Carrières (Québec) G0A 4B0 CANADA

For other means of payment (credit card), contact the secretary at secretariat@morissette.org