Association des Familles Laroche et Rochette Inc.

Membership Application Form

To become member, print this form, fill it in and send it by mail with your check to the following address:

Association des familles Laroche et Rochette inc.
Care of: Guy Rochette
805 Avenue du Cenacle
Quebec (Quebec) Canada G1E 1B5

Email : guyrochette@hotmail.com
Phone.: 418-666-4761

New member [___] Renewal [___] Check One
Member Number [_____] if available

ATTENTION: Your spouse's or mother's name is required to locate you in our database**.**

Name: _____

Spouse or Mother Name: _____

Address:_____

City: _____ Prov/State _____

Country: _____

Postal Code: _____ Phone Number at Home: (____) _____-_____

Phone No.at Work: (____) ____-_____ Fax No. (____) ____-_____

Email: _____

Choose your membership Regular Member, One Year $20 [__]
Donor Member, One Year $40 [__]
Life Member, One Payment $400 [__]

Date: _____ Signature: _____

We inform you that membership gives you access to our genealogical database on line.

Would you please provide you family information on page 2, this is not required, but this will allow us to add your family information to the Laroche and Rochette Genealogical Database, with more than 72,000 names, to which you will have access. If you are already a member and you have provided your family information, you do not need to do it again unless there are changes to be made.

Family Information Sheet

Grandfather :			
	Birth	Mariage	Death
Date :			
Place :			

Father :			
	Birth	Mariage	Death
Date :			
Place :			

Grandmother :			
	Birth	Mariage	Death
Date :			
Place :			

MEMBER NAME :			
	Birth	Mariage	Death
Date :			
Place :			

Mother :			
	Birth	Mariage	Death
Date :			
Endroit :			

Father :			
	Birth	Mariage	Death
Date :			
Place :			

Spouse :			
	Birth	Mariage	Death
Date :			
Place :			

Mother :			
	Birth	Mariage	Death
Date :			
Place :			

Enfants			
	Name	Date of birth	Place of birth
Child 1			
Child 2			
Child 3			
Child 4			