

The Richelieu Leger Family Association, Inc.

MEMBERSHIP APPLICATION

Type of Membership: **Lifetime** **Annual:** U.S: Family – \$15 Individual – \$10
(*please circle one*) \$150 Canada: \$20 France: \$25
(Per household outside US)

Member's Full Name (*Nom*) (person who is the Leger descendent):

Last (*Nom de famille*) First (*prenom*) Maiden / Middle (*deusiemme prenom*)

If you go by a name other than the first name listed above, please indicate here:

Parent's Full Name (Leger): _____

Grandparent's Full Name (Leger): _____

(If you have more information on your ancestors, please send on separate sheet or list on back of form)

Spouse's Full Name: _____
(*espoux/epouse*) Last (*Nom de famille*) First (*prenom*) Maiden / Middle (*deusiemme prenom*)

Address (*Adresse*): _____
Street (*Rue*) / P O Box

City (*Ville*) State (*Etat*) Zip Code (*Code Postale*) Country (*Pays*)

Phone: (_____) _____ (Home) (_____) _____ (Work)

FAX: _____ **E-mail:** _____

Other family members living in the same household:

Name: _____ Relationship to member: _____

Name: _____ Relationship to member: _____

Name: _____ Relationship to member: _____

Please return completed form and payment (U.S. Funds) to (*retournez le formulaire et le paiement a*):

The Richelieu Leger Family Association, Inc.

c/o Joyce H. Lege
1125 Coulee Kinney Drive
Abbeville, LA 70510

For record use only (*to be completed by membership chairperson*):

Amt.: _____ Date rec'd: _____ Membership card # _____
Cash: _____ Check #: _____ Check dated: _____

The Richelieu Leger Family Association, Inc.
MEMBERSHIP RENEWAL FORM

Type of Membership: *(please circle one)*

Life (\$150)

Annual (\$15-Family; \$10 Individual)

(PLEASE PRINT)

Member's Full Name:

Last

First

Maiden / Middle

Address:

Phone:

()

(Home)

()

(Work)

E-mail:

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