Association des FORTIN d'Amérique

Membership, Renewal and Change of Address Form

Type of request — check one request only and complete the sections indicated		
Request	**Check**	**Sections to complete**
Membership (new member)	☐	1, 2, 4, 5, 6
Renewal for the year 2027	☐	1, 2, 4, 5
Change of address or contact information	☐	1, 2, 3, 4

Renewing and have moved? Choose Renewal and enter your new address in section 2.

1. Quebec Law 25: protection of personal information

Under Quebec's Law 25 on the protection of personal information, please complete and sign the following statement:

I, _____ (please print), authorize the Association des Fortin d'Amérique (AFA) to collect, keep and process relevant information about me as an active member of the AFA, for its exclusive use.

The AFA undertakes not to give, exchange or sell this information to any other organization, whether for-profit or non-profit. The AFA undertakes to keep this information confidential.

Member's signature (required)		**Date** (required)
AFA registrar's signature		**Date**

2. Member information

For a change of address, enter your current information here (before the move).

Member number (renewal or change)	
Name (required)	
Mailing address (required)	
City (required)	
Province/State (required)	
Country (required)	
Postal / ZIP code (required)	
Phone (required)	
Email (strongly recommended)	

3. New address (change of address only)

Fill in only the fields that change.

Effective date	
New mailing address	
City	
Province/State	
Country	
Postal / ZIP code	
New phone number	
New email	

4. Preferences

May we add your name, the city where you live and your email address to a list intended exclusively for active AFA members?	☐ Yes ☐ No
Would you like to receive correspondence in French or in English? (required)	☐ French ☐ English
How would you like to receive the **Fortinfo**? (if by email, enter your address in section 2)	☐ Printed (mail) ☐ Electronic (email)
Do you agree to receive our **newsletter**?	☐ Yes ☐ No

Comments or questions

Optional. Please do not include health or financial information.

5. Membership fee (new membership and renewal)

No payment is required for a change of address only.

Item	Amount	Check
Annual fee — members in Canada	$30 CAD	☐
Annual fee — members outside Canada	$35 USD	☐
Life membership	$400 CAD (or USD outside Canada)	☐
Donation (optional)	$ _____	
Total	**$** _____	

Anyone who pays a fee of $400 CAD (or USD for members outside Canada), or makes a donation of more than $400 CAD (or USD), becomes a life member of the Association and receives a permanent membership card and a certificate of life membership.

6. Genealogical information (new members)

Enter the information you know. If you know more, you may attach an additional sheet.

Main member and spouse (year of birth is optional)	
Name:	
Date of birth: Day ____ Month ____ Year _____	**Place:**
Spouse:	
Date of birth: Day ____ Month ____ Year _____	**Place:**
Date of death (if applicable)**:**	**Place:**
Date of marriage:	**Place:**
Spouse's parents:	
Parents	
Father:	
Date of birth (if known)**:**	**Place:**
Date of death (if applicable)**:**	**Place:**
Mother:	
Date of birth (if known)**:**	**Place:**
Date of death (if applicable)**:**	**Place:**
Date of marriage (if known)**:**	**Place:**
Mother's parents:	
Grandparents (Fortin)	
Grandfather:	
Date of birth (if known)**:**	**Place:**
Date of death (if known)**:**	**Place:**
Grandfather's parents (if known)**:**	
Grandmother:	
Date of birth (if known)**:**	**Place:**
Date of death (if known)**:**	**Place:**
Date of marriage (if known)**:**	**Place:**
Grandmother's parents (if known)**:**	

Return your form by mail, with your payment by cheque or money order for a new membership or a renewal, to:

Association des FORTIN d'Amérique
Bureau de poste de Montmagny
P.O. Box 96 (Casier postal 96)
Montmagny, QC, Canada G5V 3S3

Send the form | Print

Webmail only (Gmail, Outlook.com)? Save this PDF and attach it to an email to fortin54@videotron.ca.

For AFA use only			
Received on		**Payment**	☐ Cheque ☐ Money order $ _____
Member no. assigned		**Record updated on**	Initials: