The Richelieu Leger Family Association, Inc.

M E M B E R S H I P F O R M

Type of Membership: *(please circle one)* **Life ($150)** **Annual:** **U.S. $10 – Individual** **U.S. $15 – Family**

Canada – $20 **France - $25**
(*Per household outside US*)

(PLEASE PRINT CLEARLY)
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 descendent): _____

Grandparent's Full Name (Leger descendent): _____
(If you have more information on your ancestors, please send on separate sheet or list on back of form)

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

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

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

Phone: Landline/Home (_____)_____ Cell (_____)_____

E-mail address: _____

How would you prefer to receive newsletters/correspondence? _____ e-mail ____ postal mail
(Place a √ in one of the blanks)

Please return completed form and payment (U.S. Funds – make checks out to **The Richelieu Leger Family Association, Inc.**) to *(retournez le formulaire et le paiement a)*:

The Richelieu Leger Family Association, Inc.
% Connie Lege Rost
704 Morgan Street
Abbeville, LA 70510

**********DO NOT WRITE BELOW THIS LINE**********
For record use only *(to be completed by membership chairperson):*

Membership # _____ Amt. Paid: _____ Date rec'd: _____

Cash: _____ Check #: _____ Check dated: _____
Notes:

08/28/23