



Basque Foundation, Inc.  
Euzkaldunak \* the Basque Center  
601 Grove St \* Boise, ID 83702  
(208) 342-9983  
info@basquecenter.com      www.basquecenter.com

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Children: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (Phone)

E-Mail address: \_\_\_\_\_

I want to receive newsletters at this e-mail address.

#### FAMILY HISTORY

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

#### Paternal Grandparents

Grandfather: \_\_\_\_\_

Grandmother: \_\_\_\_\_

Great Grandfather: \_\_\_\_\_

Great Grandmother: \_\_\_\_\_

#### Maternal Grandparents

Grandfather: \_\_\_\_\_

Grandmother: \_\_\_\_\_

Great Grandfather: \_\_\_\_\_

Great Grandmother: \_\_\_\_\_

#### ACTIVITIES OF INTEREST

[ ] Monthly Membership Dinners      [ ] Children's Dance Lessons      [ ] Muz

[ ] Briska      [ ] Oinkaris

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date