

## BASQUE FOUNDATION, INC. DEA: EUZKALDUNAK

601 Grove Street Boise, ID 83702

(208) 342-9983

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:		
☐ Please send r	nonthly newsletters to this e-mail address.	
ī	FAMILY HISTORY (Please include both Basque & non-Basque)	
Father's Name:		<del></del>
Mother's Name:		<del></del>
	Paternal (Father's) Grandparents	
Grandfather:		<del></del>
Grandmother:		<del></del>
Great Grandfather:		<del></del>
Great Grandmother:		<del></del>
	Maternal (Mother's) Grandparents	
Grandfather:		<del></del>
Grandmother:		·
Great Grandfather:		<del></del>
Great Grandmother:		<del></del>
	ACTIVITIES OF INTEREST	
[ ] Monthly Membe	rship Dinners [ ] Children's Dance Lessons [ ]	Muz
[ ] Briska	[ ] Oinkaris	
	<del></del>	

Applicant's Signature

Date