



Alliance Française

Chapitre de Grasse

222 West 21st Street, Box F-313

Norfolk, Virginia 23517 USA

Voicemail 757.671.9142 • **French classes** 757.217.8906

E-mail info@afnorfolk.org

Web www.afnorfolk.org

MEMBERSHIP APPLICATION

Please send this completed form with payment to the above address.
Membership runs from each June to May of the following calendar year.

Please indicate New member application Renewal application

Name _____

Address _____

City _____

State _____

Postal code _____

Telephone _____

Home/mobile (please specify)

Office

E-mail _____

Please indicate your e-mail address for up-to-the-minute news and updates!

Membership level
(please indicate one)

\$40 Family/couple* *(number of adults _____)*

\$30 Individual*

\$15 Full-time college student

\$5 High-school student

\$150 – \$499 Patron

\$500 – \$999 Bienfaiteur

\$1000+ Mécène

Payment method
(please indicate one)

Check/money order *(Please make payable to Alliance Française. Merci !)*

Credit card

Number _____

Expiration _____

MM/YYYY

Verification code _____

*Last three digits on
signature strip*

**Additional
information**
*(please indicate all
that apply)*

I would like to be an active member! Please contact me to discuss volunteer opportunities that suit my interests and abilities.

Please do **not** publish my information in the AF directory.

* A discount of \$10 for these membership levels is offered to French teachers in recognition of their contribution in advancing the mission of the AF. Teachers, please indicate your school affiliation: