



Alliance Française

Chapitre de Grasse

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MEMBERSHIP APPLICATION

Please send this completed form with payment to the above address.

Membership is valid for one 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: