



Alliance Française
de Jacksonville

904.469.4964 www.afjacksonville.org

Membership Form 2017-18

Please Print

Name: _____

Parent or Guardian (if a minor): _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Membership Requested:

Full Year (Sept - Aug) Single Membership \$40
 Family Membership \$60
 Full-time Student* \$20
 **with Valid Student I.D.*

Half Year (March - Aug) Single Membership \$30
 Family Membership \$40
 Full-time Student* \$10
 **with Valid Student I.D.*

Signature: _____ **Date:** _____

(Parent or Guardian if applicant is a minor)

Please mail completed membership form along with check made payable to "Alliance Française de Jacksonville" to:

**Alliance Française de Jacksonville
1628 San Marco Blvd., Ste 9
Jacksonville, FL 32207**

OFFICIAL USE ONLY

Membership & Payment accepted by: _____ Date: _____

For Alliance Française de Jacksonville