|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Contact Information** | | | |
| First Name |  | | |
| Last Name |  | | |
| Address |  | | |
|  |  | | |
| Phone Number |  | | |
| Email Address |  | | |
| **Other Family Members (Spouse and dependent children under 18)** | | | |
| Nb of persons | 1  2  3  4 | | |
| Names |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| How did you hear about Alliance Française de Jacksonville ? | | |  |
|  | I was a previous member  Search Engine  Facebook  Friends or Family  Other : | | |
| Your membership will be active for one year after payment ($60 for families) | | | |
| Payment Method | Online payment  Check  Credit or Debit Card  Cash | | |
| Date |  | Signature | |

*Note that by filling out this form you agree with the below image release authorization*

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