|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Information** | | | | |
| First Name |  | | | |
| Last Name |  | | | |
| Address |  | | | |
|  |  | | | |
| Phone Number |  | | | |
| Email Address |  | | | |
| **Additional Information** | | | | |
| Are you currently a full-time student? | | | Yes  No | |
| *(note that a valid student ID will be required to confirm)* | | | | |
| 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  ($40 for non-students $20 for students) | | | | |
| 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*

*I hereby grant the Alliance Française de Jacksonville (the organization) permission to use my likeness in*

*photographs, video recordings or electronic images in any and all of its publications, including website*

*entries, without payment or any other consideration. I understand and agree that these materials will*

*become the property of the organization and will not be returned. I hereby irrevocably authorize the*

*organization to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the*

*organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or*

*approve the finished product, including written or electronic copy, wherein my likeness appears.*

*Additionally, I waive any right to royalties or other compensation arising or related to the use of my*

*image. I hereby hold harmless and release and forever discharge the organization from all claims,*

*demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other*

*persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.*

*If the person signing is under age 18 we would ask that that person sign but there must also be the signed*

*consent by a parent or guardian, below:*

*I hereby certify that I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, named*

*above, and do hereby give my consent without reservation to the foregoing release on behalf of this*

*person.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian’s Signature)*