

MEMBERSHIP APPLICATION
ALLIANCE FRANCAISE NEW HAVEN

Name(s): _____

Address: _____

Email: _____ Phone: _____

Membership prices:

_____ Student: \$30.00

_____ Senior: \$35.00

_____ Individual: \$45.00

_____ Couple: \$55.00

_____ Family: \$60.00

Write out a check for the corresponding amount and send it to Alliance Française of New Haven, P.O. Box 207333, New Haven CT 06520.

Vos intérêts, vos passions (*Your interests, your passions*):

De quelle manière pourriez-vous contribuer aux événements de l'Alliance (concerts, conférences) (*How could you help with events of AFNH. Could you give concerts, conferences, on which topic ?*): _____

Vos remarques sur les programmes et l'organisation de l'Alliance (*how could we improve ?*):
