

M E M B E R S H I P

One-Year Membership
Valid from the time your dues are received.

\$25.00 - Student/Senior

\$35.00 - Individual

\$45.00 - Family

\$35.00 – Student/Senior Family

Name _____

Address _____

City _____

State _____ **ZIP** _____

Phone (H) _____ **(W)** _____

e-mail _____

IT IS VERY IMPORTANT THAT WE HAVE AN E-MAIL ADDRESS TO ADVISE OF CANCELLATIONS, CHANGES, ETC. IF YOU DO NOT HAVE E-MAIL, PLEASE CALL THE PERSON COORDINATING EACH EVENT BEFORE ATTENDING.

Consult our website at www.frenchalliancecolumbus.com.

Please send this form *and* check to:

Alliance Française de Columbus
PO Box 4126
Dublin, OH 43016