

af Bulletin d'inscription

Alliance Française

El Paso

2017

 Renouvellement
(Renewal)

 Nouveau Membre
(New Member)

 Individuel
(Single)

 Famille
(Family)

(Cocher la classe correspondante: check off the correct box)

Nom: _____ Prénom: _____
(Last name) (First name)

N° rue: _____
(Address: number, street)

Ville: _____ État: _____ Code postal: _____
(City) (State) (Zipcode)

Téléphone: _____ Fax: _____

E-mail: _____

Date de naissance: _____
(Date of birth: example - 2 March)

❖ Date Registration: _____
❖ Payment by _____
❖ Other: _____

Composition de la famille (family members, if membership is for family)

	Prénom (First name)	Date de naissance (Date of birth: example - 2 March)
Conjoint (Spouse)		
Enfant 1 (Child 1)		
Enfant 2 (Child 2)		
Enfant 3 (Child 3)		

Fees: \$30 Individual • \$40 Family • \$15 Undergraduate college student

Please make checks payable to AFEP (Alliance Française d'El Paso)

Mail registration form and check to AFEP, 500 W. University Dr., PMB 213, El Paso, Tx 79968

or for your convenience pay ONLINE through PayPal at www.afofelpaso.com

For more info, visit our web page www.afofelpaso.com or call 915-585-1789
www.facebook.com/AllianceFrancaiseElPaso