

af Bulletin d'inscription
Alliance Française
 El Paso

2018

Renouvellement (Renewal)
 Nouveau Membre (New Member)
 Individuel (Single)
 Famille (Family)

(Cocher la classe correspondente; check off the correct box)

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

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

Ville: _____ État: _____ Code postal: _____
 (City) (State) (Zip code)

Téléphone: _____ Fax: _____

E-mail: _____

Date de naissance: _____
 (Date of birth: MM/DD/YYYY)

❖ 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: MM/DD/YYYY)
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, 500W. University Dr., PMB 213, El Paso, TX 79968

For your convenience pay ONLINE through Paypal at www.afofelpaso.com
 Then, fill out this electronic form and email it to afofelpaso@gmail.com

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