

af Bulletin d'inscription
Alliance Française
 El Paso

2020

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: example - 2 March) (No year)

❖ 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 • \$50 Family • \$15 Undergraduate college student

For your convenience, please fill out this form electronically and email it to afofelpaso@gmail.com. Then, submit your payment online through PayPal using your debit/credit card. (No PayPal account is required.)

If paying by check, please make checks payable to AFEP (Alliance Française d'El Paso). Mail registration form and check to Josette Shaughnessy, Treasurer, 2640 Anise, El Paso, TX 79936.

For more information, visit afofelpaso.com or call 915-585-1789.