

Membership Enrollment Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Home: _____

Work: _____

E-mail: _____

Yes! I would like to become a member

Yes! I would like to renew my membership

Family (4 cards) \$175.00

Dual (2 cards) \$145.00

Individual \$95.00

Senior Citizen(over 65) \$90.00

Junior (under 30) \$90.00

Youth(under 18) \$45.00

Teachers of French \$45.00

Library/Cultural (no reduced class tuition) \$70.00

Membership is valid for one year from the date received.

In addition to my membership, I would like to make a charitable donation to the Alliance Française de Chicago.

\$25 \$50 \$100 \$ _____ Other

* Donations are tax deductible, membership benefits not included.

For Mastercard / Visa / Discover Payment:

Name on the account: _____

Account#: _____

Exp. date: _____

Signature: _____

or enclose your check payable to:

Alliance Française de Chicago
810 N. Dearborn
Chicago, IL 60610

or fax 312 337-3019



Alliance Française