

# 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) \$170.00

**Dual** (2 cards) \$140.00

**Individual** \$90.00

**Senior Citizen**(over 65)\* \$60.00

**Junior** (under 30)\* \$65.00

**Youth**(under 18)\* \$45.00

**Teachers of French**\* \$45.00

**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 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