



Alliance Française
de Seattle

Alliance Française de Seattle Membership Application and Renewal

Please complete all sections of the Membership form and
mail it with your appropriate payment to:

Alliance Française de Seattle
Good Shepherd Center
4649 Sunnyside Avenue North, Ste. 205
Seattle, WA 98103

If paying by credit card, you can also fax the form to (206) 632-9040
We recommend printing a copy of this form for your records.
Alliance Française de Seattle is a 501(c)(3) non-profit organization.

[1] OUI! I'd like to JOIN | RENEW at the Membership level checked below:

Membership Level (valid for 12-month period)		
<input type="checkbox"/>	Individual – benefits of membership apply to the cardholder.	\$40
<input type="checkbox"/>	Family – benefits of membership apply equally to all immediate family members.	\$60
<input type="checkbox"/>	Student – for students in an accredited post-secondary school.	\$25
<input type="checkbox"/>	Teacher – for French teachers in WA State.	\$25
<input type="checkbox"/>	Senior (65 +)	\$35
<input type="checkbox"/>	Lifetime Member	\$1,000

[2] MEMBERSHIP INFORMATION

Member's Name	(Dr. Mr. Mrs. Ms.)
	Circle one PRINT name above — First Name – MI – Last Name

Please, fill out the following information if you are a new member or if you have changed your details

Address		
City	State	ZIP
Home Phone	Business Phone	
Email Address **		
If family level, please list other names		
Occupation		
Is French your native language?	If yes, from which country?	
How did you hear about the Alliance Française de Seattle?	<input type="checkbox"/> Consulate <input type="checkbox"/> Internet <input type="checkbox"/> Print Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Friend <input type="checkbox"/> Other:	

** Email is used for Special Event announcements and to send the monthly Enews.

[3] PAYMENT INFORMATION

◆ Check		
<input type="checkbox"/> I have enclosed my check for \$_____ payable to Alliance Française de Seattle		
◆ Credit Card		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Card Number	Expires on (MM/YY)	
Name		
Please PRINT your name exactly as it appears on your credit card		
Please enter your credit card billing address below. If it is the same address included in Member Information above, you may leave this area blank.		
Address		
City	State	ZIP
Phone		
Payment Checklist		
	Membership fee	\$
	I would like to make an additional contribution / gift	\$
	TOTAL	\$
<input type="checkbox"/> I want to extend my gift by enclosing my employer's matching gift form.		

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[4] INTERESTS

Please indicate your areas of special interest. Please check all that apply.

Committees & Volunteering:	Activities :	Activities :
<input type="checkbox"/> Serve on board	<input type="checkbox"/> Children's events	<input type="checkbox"/> Music/ Dance/ Theater
<input type="checkbox"/> Accueil (Welcome)	<input type="checkbox"/> Bibliothèque / Book club	<input type="checkbox"/> Wine & Culinary Events
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Scrabble / games	<input type="checkbox"/> Sports
<input type="checkbox"/> Membership	<input type="checkbox"/> Art Lectures & Excursions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Publicity / marketing	<input type="checkbox"/> Ciné-club / films	
<input type="checkbox"/> Events		
<input type="checkbox"/> Other: _____		

Un grand merci et à très bientôt!



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