

Alliance Française de Cairns

Surname: _____ First Name: _____

Postal Address: _____

Town: _____ Postcode: _____

Tel: _____ Mobile: _____

Email: _____

MEMBERSHIP CATEGORIES *(please tick):*

- | | | | |
|---|------|---|------|
| <input type="checkbox"/> Single | \$30 | <input type="checkbox"/> Students: | \$20 |
| | | Including students of the Alliance Française | |
| <input type="checkbox"/> Concession: | \$25 | <input type="checkbox"/> Concession (2 people): | \$40 |
| <input type="checkbox"/> Family (2 to 4 people) | \$50 | | |

Please add all other names to be covered by the Family Card or Concession (2 people) Card:

Note: membership is compulsory for all students of the Alliance Française.
All prices include GST

AMOUNT ENCLOSED: \$ _____

Tax Invoice available upon request – Membership Card will be sent by mail.

METHOD OF PAYMENT *(please tick):*

- Cash Cheque (to Alliance Française de Cairns)
- Direct Deposit into our account:

Account Name: Alliance Française de Cairns Inc

Account Number: 034167 377200

Please ensure you indicate your full name when making a deposit so we can identify your payment. Please include proof of your transfer with this Application Form.

Signature: _____ Date: _____



Alliance Française de Cairns

Postal Address: 18 Sarina Close – Kewarra Beach QLD 4879

Tel: 0488 765 550

Email: joinus@afcairns.org.au

www.afcairns.org.au

