

Membership Form

This is: A Renewal First-timeApplication

FirstName: _____

2nd MbFirstName:(Fam.Membership):

LastName: _____

2nd MbLastName:(Fam.Membership):

Address: _____

City: _____ State: _____ Zip: _____

Tel(off.): _____ Tel (res.): _____

Cel: _____ Fax: _____ e-Mail: _____

TypeofMembership:

- \$ 30 Students \$ 85 Regular Individual
 \$ 50 Academic \$ 95 Regular Family



Please make your check payable to:

AllianceFrancaisedeMiami

Andreturnit with your application to:

AllianceFrancaisedeMiami
618 SW 8 ST.

Miami, FL 33130

Tel: 3058598760

Fax:3058569398

afmiami@afmiami.org

<http://www.afmiami.org>