



ALLIANCE FRANÇAISE DE LAFAYETTE

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2015 MEMBERSHIP

Name: _____

Address: _____

Phone numbers: Home: _____

Cell : _____

Work : _____

Email address: _____

Interest: _____

Benefactor \$1000.00 _____

Cultural Patron \$500.00 _____

Education Advocate \$250.00 _____

Family membership \$50.00 _____

Individual membership \$30.00 _____

Student/Teacher membership \$20.00 _____

Donation \$ _____

Make check payable to Alliance Française de Lafayette

SUGGESTIONS: _____
