



Alliance Française de Bridgetown

P.O Box 357
Cheapside GPO
Bridgetown
Barbados, West Indies
Tel: +1 (246) 233-3234
Fax: +1 (246) 426-2049

MEMBERSHIP FORM
Please print in BLOCK letters

Name: _____
SURNAME FIRST NAME MIDDLE NAME

Mailing address: _____

Email: _____ Website: _____

Date of birth: _____ Sex: F - M

Telephone: _____
Home: _____ Work: _____ Mobile: _____

Nationality: _____ Occupation: _____

How did you hear about the Alliance Française?

INTERESTS

Which of the following activities currently organized by the AF would interest you: (list cultural events; conversation; movies

- Cultural events Conversation Clubs Movie Nights

Which of the following events to be possibly organized by the AF would interest you:

- Entertainment Cooking Lectures in French
 Lectures in English Outings Other:

Level of French (circle the one that applies):

native near-native advanced intermediate beginner no French

Are you willing to serve in a committee (circle the one that applies)? YES NO

Any special skill which you have any way in which you think you might be able to assist the association?

MEMBERSHIP CATEGORIES Please check one:

- Family \$150/year Individual \$50/year BCC or UWI Student 35\$ / year
 Benefactor \$250/year

I would like to make an additional gift of \$ _____

GENERAL TERMS AND CONDITIONS

1. The Alliance Française reserves the right to refuse applications for membership enrollment.
2. Membership Fees must be paid before receiving Membership Card.
3. Payment can be made by Cash or Check
4. Once payment has been made, no refund will be granted
5. Damage or loss of library property may result in a \$50.00 replacement charge.
6. The signatory hereto indemnifies the Alliance Française against liability of whatsoever nature and howsoever arising for loss or damage to property, injury or death while on the premises of the Alliance Française de Bridgetown.
7. The Alliance Française reserves the right to amend the prices for membership offered should there be a need.

- I have read the terms and conditions governing membership of the Alliance Française and hereby accept the conditions as set out above.

Authorized Signature

Date

For office use only.

Registration fee:

Receipt No: