

af Bulletin d'inscription
Alliance Française
El Paso

2024

Renouvellement (Renewal)
 Nouveau Membre (New Member)
 Individuel (Single)
 Famille (Family)

(Cocher la classe correspondente; check off the correct box)

Nom: _____ Prénom: _____
(Last name) (First name)

N°; rue: _____
(Address: number, street)

Ville: _____ État: _____ Code postal: _____
(City) (State) (Zip code)

Téléphone: _____ Fax: _____

E-mail: _____

Date de naissance: _____
(Date of birth: example - 2 March) (No year)

❖ Date Registration.: _____
 ❖ Payment by: _____
 ❖ Other: _____

Composition de la famille (family members, if membership is for family)

| | Prénom (First name) | Date de naissance (Date of birth: example - 2 March) |
|-----------------------|------------------------|---|
| Conjoint (Spouse) | | |
| Enfant 1 (Child 1) | | |
| Enfant 2 (Child 2) | | |
| Enfant 3 (Child 3) | | |

Fees: \$30 Individual • \$50 Family • \$15 Undergraduate college student

Please make checks payable to AFEP (Alliance Française d'El Paso)

Mail registration form and check to Josette Shaughnessy, Treasurer, 2640 Anise, El Paso TX 79936.

or for your convenience pay by credit card ONLINE through Paypal at www.afofelpaso.org
(No paypal account required)

For more info, visit our web page www.afofelpaso.org or call 915-585-1789
www.facebook.com/AllianceFrancaiseElPaso