



Alliance Française d'Accra

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**1 passport-size
photo needed**

2015 MEMBERSHIP REGISTRATION FORM

Surname: First name(s):

Date of birth: Nationality:

Tel:

Tel:

E-mail: Gender: M F

Address:

Occupation:

Date:.....

How did you hear about us? Newspaper Billboards Radio Cultural Events
A friend Former student Other:

I wish to become a:

- ◇ Benevolent Member: Individual 200 Ghc Couple 350 Ghc Family 500 Ghc
 - ◇ Cultural Member: Individual 100 Ghc Couple 175 Ghc Family 250 Ghc
 - ◇ Multimedia Library: Individual 50 Ghc Couple 75 Ghc Family 125 Ghc
- AF Student Free

Yes, I would like to receive news from Alliance Française d'Accra (tick as many as you like):

by SMS	Signature: _____
by email	

(For internal management only)

Member number:

Photo available: yes no

Library number: