



AFH MEMBERSHIP FORM

January to December 2012

Make check payable to: **Alliance Française of Hawaii**
and send to: **P.O. Box 10249, Honolulu, HI 96816-0249**

Please check the appropriate box(es): Name(s): _____

- | | | | |
|--------------------------|-------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Single: | \$35 | _____ |
| <input type="checkbox"/> | Couple or Family: | \$50 | _____ |
| <input type="checkbox"/> | Student: | \$10 | Address: _____ |
| <input type="checkbox"/> | AATF member: | \$15 | _____ |
| <input type="checkbox"/> | Donation: | \$ _____ | Phone: _____ |
| | | | Email: _____ |
| <input type="checkbox"/> | New Member | <input type="checkbox"/> | Renewal |