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# Alliance Française

*De Bridgetown*

## 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

What activities would interest you the most with the Alliance Française?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cultural events     | <input type="checkbox"/> French conversation | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Lectures in English | <input type="checkbox"/> French movies       | <input type="checkbox"/> Cooking       |
| <input type="checkbox"/> Lectures in French  | <input type="checkbox"/> 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?**

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

**MEMBERSHIP CATEGORIES** (circle the one that applies):

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 reject applications for membership enrollment.
2. Membership Fees must be paid before receiving Membership Card.
3. Payment can be made by Cash Check or wire transfer.
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