



**Alliance Française
de la Nouvelle-Orléans**

We would like to join the Alliance Française
de la Nouvelle-Orléans.

Please print legibly.

MEMBER INFORMATION

This is for me

This is a gift for: (fill out form)

From:

Full address:

Email:

FIRST NAME:

LAST NAME:

ADDRESS:

HOME PHONE:

WORK:

CELL:

OTHER:

EMAIL:

DATE:

MEMBERSHIP LEVEL

SINGLE: \$40

DUAL: \$70

FAMILY: \$90

LIFE MEMBER: \$500

RETURNING MEMBER: Y / N

DONATION

The Alliance Française of New Orleans is a 501 (C)3 Non-profit Organization, Tax ID: 581602908. If you would like to support our efforts, please contact us or fill out this form for the amount of: \$_____.

For a médiathèque

For AF cultural programs

At our discretion

Please make your checks payable to
Alliance Française de la Nouvelle-Orléans
1519 Jackson Avenue
New Orleans, LA 70130
(504) 568-0770

Visa OR Mastercard(circle one)

Card number:

Exp. Date:

V code:

Signature:

Name on card:

Fax number: (504) 566-1108 email address: afno@af-neworleans.org