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MEMBERSHIP APPLICATION FORM

To register as a member of the Alliance Française de Détroit-French Institute of Michigan, please complete this form, and submit it via mail, email or fax.

What you gain by joining us!

Free access to our online library (Culturetheque) - Free access to our library - Updates on our event schedule and ongoing programs - Access to our programs at reduced price - Free invitation to the event of your choice (Ami de l'Alliance) - Free invitation to 3 cultural events of your choice (Benefactor) -

Applicant information

Last Name : _____ First: _____ Birth year : _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address : _____ Phone number : _____

Preferred channel to receive AFD/FIM information and event invitations : by Email by mail

Type of Membership

- Students: \$30
- Individual: \$40
- Family*: \$60
- Teachers \$30 - Place of work : _____
- Ami de l'Alliance from \$250
- Benefactor from \$500 Corporate: \$1000

*Spouse/Children on Family Membership

Name: _____ Relationship : _____

Name: _____ Relationship : _____

Payment Information

Amount \$ _____ Cash Check # _____ Credit Card

Card type : Mastercard Visa Discover

Card # _____ Expiration Date: _____ CVV: _____

The above fee is due at the time of registration. Make a check payable to The AFFIM.

SIGNATURE

Office Use Only

Expiration Date : _____ New Member Renewal Date Received: _____

