



Alliance Française
French Institute of Michigan

MEMBERSHIP APPLICATION FORM

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

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Bloomfield Hills,
MI, 48301

Phone:(248)-538-5440
Fax:(248)-538-5433

info@frenchinstitute.org
www.frenchinstitute.org

What you gain when you join us!

- Free access to Culturetheque ● Free access to our library ● Uptade on our events 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)
- Free invitation to all our cultural events (Corporate)

Applicant information

Last Name : _____ First: _____ Birth year : _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address : _____ Phone number(s): _____ ; _____

Type of Membership

- | | |
|---|--|
| <input type="checkbox"/> Students \$30 | <input type="checkbox"/> Teachers \$30 - Place of work : _____ |
| <input type="checkbox"/> Individual \$40 | <input type="checkbox"/> Family* \$60 |
| <input type="checkbox"/> Ami de l'Alliance from \$250 | <input type="checkbox"/> Benefactor from \$500 <input type="checkbox"/> Corporate \$1000 |

*Spouse/Children on Family Membership

Name: _____ Birth year : _____

Name: _____ Birth year : _____

Payment Information

Amount \$ _____ Cash Check # _____ Credit Card

Card type : Mastecard 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: _____