



**Alliance Française**  
**de la Côte Centrale Inc.**  
 19 Carrol Ave,  
 East Gosford. 2250.



**-----Membership Form-----**

If you would like your membership retained or would like to join us as a new member, please complete the form below and submit online or print and forward to the Treasurer at the above address with payment. Memberships fall due at the beginning of June each year. **If less than 6 months of membership is required prices will be halved.**

*Membership runs from July to June.*

TITLE:.....NAME:.....SURNAME:.....

BIRTHDAY(DD/MM):...../.....AFCC MEMBERSHIP NUMBER (if applicable): .....

ADDRESS:.....  
 .....POST CODE:.....

PHONE:.....MOBILE:.....

Do you speak French? (please circle) YES/NO Level: Beginner/ Intermediate/ Fluent

ALLIANCE CLASS (location):.....

Our newsletter and communications will be sent via email.

EMAIL ADDRESS:.....@.....

Do you agree that photos taken of you at our social gatherings may be used in our newsletter and on our website? (please circle which applies) YES/ NO

Single member: \$30.00

Family: \$40.00

Alliance Française Student \$10.00

Payment by direct credit: BSB: 012-621 Account: 353799911

Account name: Alliance Française de la Côte Centrale

Please quote your phone number in the reference

Or by PayPal to [info@afcentralcoast.org.au](mailto:info@afcentralcoast.org.au)

I, the payee, pay a sum of \$.....for a **single/family/student** membership by **cash/ direct credit/ PayPal/ cheque**

SIGNATURE:.....DATE:...../...../.....