



# Alliance Française de Cebu

## MEMBERSHIP FORM

RENEWAL

NEW MEMBER

NOM / FAMILY NAME: \_\_\_\_\_

PRENOM/ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AGE \_\_\_\_\_ STATUS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ NATIONALITY \_\_\_\_\_

CURRENT (OR FORMER) FIRM POSITION: \_\_\_\_\_

ORGANIZATIONS YOU ARE (HAD BEEN) AFFILIATED WITH \_\_\_\_\_  
\_\_\_\_\_

RESIDENCE TEL. \_\_\_\_\_ MOBILE NO. \_\_\_\_\_

WORK NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PURPOSE OF JOINING ALLIANCE FRANÇAISE DE CEBU \_\_\_\_\_

I UNDERSTAND THAT, IF ACCEPTED FOR MEMBERSHIP, IT WILL BE MY DUTY TO EXEMPLIFY THE PURPOSE OF ALLIANCE FRANÇAISE DE CEBU AND ABIDE BY THE BY-LAWS OF ALLIANCE FRANÇAISE DE CEBU. I AGREE TO PAY THE ANNUAL DUES OF **P1,000**. AS A MEMBER, I WILL PRACTICE IN ACCORDANCE WITH THE BY-LAWS OF THE ASSOCIATION.

BEING A MEMBER OF ALLIANCE FRANÇAISE DE CEBU ENRITLES ME TO PARTICIPATE TO ALL THE ACTIVITIES OF LE CLUB. LE CLUB IS A FELLOWSHIP COMMITTEE OF ALLIANCE FRANÇAISE DE CEBU.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

Date: \_\_\_\_\_

\_\_\_\_\_  
SPONSOR'S NAME & SIGNATURE

Date: \_\_\_\_\_