

Alliance Française de Grand Rapids Membership Application Form

Membership is effective from August 1 through July 31.

Enter your name or names the way you would like them to appear in the directory.

Please write legibly.

Name 1: _____ Name 2: _____

Address: _____

City: _____ State: _____ Zipcode: _____

E-Mail: _____

Home Phone: _____ Mobile Phone: _____

Enclosed, please find a check payable to the Alliance Française de Grand Rapids for:

_____ **\$35 Family/Dual Membership**

_____ **\$25 Single Membership**

Mail to:

**Sue Murphy, Treasurer
2519 Alger Street, SE
Grand Rapids, MI 49546**