



ALLIANCE FRANÇAISE DE TOOWOOMBA

2014 MEMBERSHIP APPLICATION

We invite you to join the *Alliance Française de Toowoomba* and help build an interesting and stimulating non-profit community organisation.

Please complete this application form and return with your payment.

Personal Details

Title First name Surname

Home address

..... Post Code

Email

Phone Mobile

Please choose your membership type.

- Single \$25.00
- Family \$35.00 Names of family members:

- Student \$15.00 School or university I attend:

Please choose your payment method.

- Direct Deposit**
Account name Alliance Française de Toowoomba, Inc.
Account number 5294541
BSB 638-070
Please use your name as payment reference and attach a copy of the bank receipt.

- Cheque**
Please make your cheque payable to Alliance Française de Toowoomba, Inc.

Note: In signing this form, you also agree to abide by our library rules and regulations.
<http://www.frenchtoowoomba.com/library-rules-and-policies.html>

Signature Date

You may post this form with accompanying bank receipt or cheque to:
Alliance Française de Toowoomba, P. O. Box 401, Toowoomba QLD 4350

Committee use only

I propose this application for membership

I second this application for membership