



## 2019 MEMBERSHIP APPLICATION FORM

We invite you to join the *Alliance Française de Toowoomba Inc.* (AFT) and help build an interesting and stimulating non-profit organisation. Membership entitles you to –

- automatically receive emails and notices of social events held during the year, eg. Bastille Day celebrations, French film nights and conversational groups etc.
- discounts on AFT cultural activities
- free access to the AFT library to borrow books, CDs, DVDs etc.
- opportunity to enrol in our exclusive member only French language classes
- right to vote at the Annual General Meeting of the AFT.

### PERSONAL DETAILS

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel (home): \_\_\_\_\_ Tel (mobile): \_\_\_\_\_  
 Email: \_\_\_\_\_

### MEMBERSHIP TYPE (please tick relevant box)

- Individual: \$25  
 Family: \$35 Names of family members: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Student: \$15 Please indicate the educational institute you attend: \_\_\_\_\_

### PAYMENT METHOD (please tick relevant box)

- Direct deposit:** Account name: Alliance Française de Toowoomba Inc.  
 Reference: Your name  
 BSB: 638 070 (Heritage Bank)  
 Account number: 529 4541  
 Please attach a copy of the bank receipt when returning this form
- Cheque:** Payable to: Alliance Française de Toowoomba Inc.  
 Please send your cheque with the completed application form

In signing this form, you also agree to abide by the AFT library rules and regulations, which can be found at <https://www.frenchoowoomba.com/library-rules-and-policies.html>).

The AFT publishes articles on its Facebook page and website, and in the media, to promote the organisation. Are you happy to have your image published? YES / NO

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

For persons under 18 years of age this section must be signed by a parent or legal guardian.

Name of signatory: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

OFFICE USE ONLY	Application accepted:	Yes / No	Date:	____ / ____ / 20____	Notes:
	Contact details added:	<input type="checkbox"/> Email <input type="checkbox"/> Database	Date:	____ / ____ / 20____	
	Membership card prepared and sent:	<input type="checkbox"/>	Date:	____ / ____ / 20____	
	Payment type:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Bank transfer			
	Receipt No:		Date:	____ / ____ / 20____	