



2020 MEMBERSHIP APPLICATION FORM

We invite you to join the Alliance Française de Toowoomba Inc. (AFT) and help build an interesting and stimulating 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. and the quarterly bulletin
- 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.

1. PERSONAL DETAILS

Title: _____ Last name: _____ First name: _____

DOB: _____ Postal address: _____

Suburb: _____ Postcode: _____

Tel (home): _____ Tel (mobile): _____ Email: _____

2. MEMBERSHIP TYPE (please select the relevant check box)

New membership Membership renewal Corporate membership#

<input type="checkbox"/>	Individual	\$30	
<input type="checkbox"/>	Family	\$40	Names of family members: _____ DOB: _____ _____ DOB: _____ _____ DOB: _____
<input type="checkbox"/>	Student	\$15	Name of educational institute you attend: _____
<input type="checkbox"/>	Corporate#	Please discuss with your organisation or school to find out if they have an AFT corporate membership	Name of your organisation or school: _____
<input type="checkbox"/>	Donation		

3. PROPOSER & SECONDER (see note under further information)

Name of proposer: _____ Signature: _____ Date: _____

Name of seconder: _____ Signature: _____ Date: _____

4. MEDIA & OTHER INFORMATION (please select the relevant check box)

Yes No The AFT publishes articles on its Facebook page and website, and in the media to promote the organisation. Please indicate if you are happy to have your name and your image published.

How did you find out about the AFT? Internet search AFT website Facebook Print media
 Family/friends Member Other

Please complete and sign over page

5. PAYMENT METHODS (please select the relevant check box and **note change in banking details**)

Direct deposit: Account name: Alliance Française de Toowoomba Inc.
 BSB: 814 282 (Credit Union Australia)
 Account number: 5105 5042
 Reference: Your name and membership type
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 this completed application form

6. CONSENT AND SIGNATURE

In signing this form, you agree to abide by the AFT Model Rules and AFT library rules and regulations, which can be found at <https://www.frenchtoowoomba.com/about-us.html> and <https://www.frenchtoowoomba.com/library.html>, respectively.

Signature: _____ Date: _____

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

Name of signatory: _____ Signature: _____ Date: _____

7. FURTHER INFORMATION

- All new membership applications must be proposed by one member of the association (the proposer) and seconded by another member (the seconder) as per section 7(1) of the AFT Model Rules. The rules can be viewed on the AFT website at <https://www.frenchtoowoomba.com/about-us.html>.
- All membership applications will be considered at the next committee meeting of the Alliance Française de Toowoomba. Admission or rejection of membership will be advised as soon as possible after that time.
- The membership year starts on 1 January and ends on 31 December of each calendar year.
- In accordance with Section 70(4) of the *Associations Incorporation Act* 1981, all activities of the Alliance Française de Toowoomba Inc are covered by Public Liability Insurance. The amount of the Public Liability Insurance is \$20,000,000.

PLEASE NOTE:

In 2020 the AFT is offering corporate membership. To find out if your organisation or school is a corporate member, or is interested in becoming a corporate member, please discuss this directly with them.

Don't forget to indicate if you are happy to have your name and your image published (see no 4 on page 1)

OFFICE USE ONLY	<input type="checkbox"/> Membership renewal			<input type="checkbox"/> New membership			<input type="checkbox"/> Corporate membership			
	Application accepted:	Yes / No	Date:	/	/	20				
	Contact details added:	<input type="checkbox"/> Email contacts	<input type="checkbox"/> Membership database	Date:	/	/	20			
	Welcome letter and membership card prepared and sent:	<input type="checkbox"/>	Date:	/	/	20				
	Payment type:	<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	Date:	/	/	20		
Notes:										