



# MEMBERSHIP REGISTRATION FORM

Title:	Surname:	First name:	
Postal address:			
Postcode:		City:	
Profession:		Company name:	
Date of Birth:		Nationality:	
Tel H:		Tel W:	
Cell:		Email:	
If you are a new member, did you hear about the Alliance Française through:	<input type="checkbox"/> A Teacher	<input type="checkbox"/> Street ads	<input type="checkbox"/> Community Newspapers
	<input type="checkbox"/> Cultural events	<input type="checkbox"/> Former Student	<input type="checkbox"/> Radio
	<input type="checkbox"/> Newspaper	<input type="checkbox"/> A Friend	<input type="checkbox"/> My employer
	<input type="checkbox"/> School	<input type="checkbox"/> University	
Would you like to receive info about the Alliance Française cultural events and courses?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Alliance Française

## RULES AND REGULATION

- The Alliance Française reserves the right to reject applications for member enrolment.
- The signatory hereto indemnifies the Alliance Française against liability of whatsoever nature and howsoever arising for loss or damage to property, injury or death while on the premises of the Alliance Française of Johannesburg.
- Parking in Kerry Road or Lower Park Drive is strictly prohibited.**
- Attendance to the Annual General Meeting is compulsory.**
- The Membership Fee for the year 2019 is R300 (three hundred) to be paid into the Alliance Française's bank account.
- The annual membership runs from May to May
- Your beneficiary reference has to be your name and first name

Account Name	Alliance Francaise de Johannesburg
Bank	Nedbank
Branch	Rosebank
Account Number	1469 063 875
Branch Code	1469 05
Swift Code	NED52AJJ

**NOTICE**  
Once payment of the membership fee has been done by electronic transfer, please print your proof of payment.

I have read the rules and regulations governing membership of the Alliance Française and hereby accept the conditions as set out above.

Signature: \_\_\_\_\_ Date and place: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date d'inscription: ____ / ____ / ____	Price	
	Receipt Number	
	Type of payment	
	<input type="checkbox"/> CHQ	<input type="checkbox"/> DEP <input type="checkbox"/> CC <input type="checkbox"/> EFT
Date d'expiration: ____ / ____ / ____	Received by: _____	

