



Alliance Française de Pune

APPLICATION FOR LIFE / ACTIVE MEMBERSHIP (TO BE FILLED IN CAPITAL LETTERS)

FULL NAME :

ADDRESS :

OCCUPATION :

QUALIFICATION :

DATE OF BIRTH :

NATIONALITY :

MOBILE NO. :

TELEPHONE NO. :

E MAIL ID :

HOBBIES & ACTIVITIES

I speak French : Very well / rather well / a little / not at all

I understand that my Membership will take effect after this Form has been approved by the Managing Committee. I agree to abide by the Rules & Regulations of Alliance Française de Pune (AFP).

Date :

Signature :

Proposed by : (Current Member of Alliance Française de Pune)

Name :

Signature :

Seconded by : (Current Member of AFP)

Name :

Signature :

Accepted by : (on behalf of the Managing Committee)

Name :

Signature :

MEMBERSHIP FEES :

Entrance Fee : Rs. 100.00

Active Member : Single Member : Rs. 300/- p.a., for Couple : Rs. 500/- p.a.

Life Member : Single Member : Rs. 3,000/-, for Couple : Rs 5,000/-

For Office use only –

Fees paid Rs. _____ by Cash/Chq No. _____ Date _____ Bank _____

Receipt No / Date :

Approved by the Managing Committee on :