



AFH MEMBERSHIP FORM

January to December 2020

Name(s): _____ Phone: _____

Address: _____

Email: _____

How did you hear about the AFH: _____

If family, please include the number and ages of children, if applicable:

PLEASE CHECK THE APPROPRIATE BOX(ES):

- new member renewal updated contact information

- individual.....\$45 individual with 6 printed copies of La Chronique.....\$55 AATF member.....\$15
- couple/family....\$60 couple/family with 6 printed copies of La Chronique.....\$70 Student - age _____.....\$10
- Lifetime member individual.....\$450 Lifetime member Family.....\$600

- Donation..... Annual Fund \$ _____ Scholarship \$ _____ (Please make out a separate check for donations)

Make check payable to :

Alliance Française of Hawaii

and send to : **P.O. Box 10249, Honolulu, HI 96816-0249**

You can also renew online at

<http://www.afhawaii.org/content/membership>