



AFH MEMBERSHIP FORM

January to December 2021

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*

*Special offer: any dues already paid in 2020 can be credited toward the full cost of a Lifetime Membership! Offer good until Dec. 31, 2020

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>