



# 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       AATF member.....\$15

couple/family....\$60       Student - age \_\_\_\_\_\$10

Lifetime member Individual.....\$450    Lifetime member Family.....\$600

Donation.....    Annual Fund \$ \_\_\_\_\_    Scholarship \$ \_\_\_\_\_

(Please make out a separate check for donations)

Make checks payable to:  
Alliance Française of Hawaii

and send to:

P.O. Box 10249, Honolulu, HI 96816-0249

You can also renew online at

<https://afhawaii.org/register-for-alliance-francaise-hawaii-2/>