

**MEMBERSHIP APPLICATION & RENEWAL**

All new and renewing members must complete this form.

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| Type of Membership: | ❑ Single $30 per annum  ❑ Family $40 per annum |

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| --- | --- |
| Family Name: |  |
| First Name(s): |  |
| Street Address: |  |
| Postal Address: |  |
| Phone: |  |
| Mobile: |  |
| Email Address: |  |
| Signature: |  |

Payment by direct deposit into our bank account is preferred:

|  |  |
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| Bank details: | Account Name: Alliance Française d’Atherton  BSB: 034 160  Account Number: 891 442  Reference: include your name (eg Bloggs J Mship) |

Please submit your membership form:

|  |  |
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| by email to: | [skgargan@outlook.com.au](mailto:skgargan@outlook.com.au) |
| by mail to: | The Treasurer  Alliance Française d’Atherton  PO Box 169  ATHERTON QLD 4883 |