

**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’AthertonBSB: 034 160Account Number: 891 442Reference: include your name (eg Bloggs J Mship) |

Please submit your membership form:

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| by email to: | skgargan@outlook.com.au |
| by mail to: | The TreasurerAlliance Française d’AthertonPO Box 169ATHERTON QLD 4883 |