

*Become a member of  
Alliance Française!*

**CHECK IF FRENCH SPEAKING**

**Name** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State / ZIP** \_\_\_\_\_

**Phone** \_\_\_\_\_

**e-mail** \_\_\_\_\_

*Membership Categories*

\_\_\_\_\_ **\$20 INDIVIDUAL**

\_\_\_\_\_ **\$30 FAMILY**

\_\_\_\_\_ **\$10 STUDENT**

\_\_\_\_\_ **\$75 CONTRIBUTING**

\_\_\_\_\_ **\$250 PATRON**

**MAIL APPLICATION & DUES to:**

**ALLIANCE FRANÇAISE**

**BRUCE THORNBLAD**

**1421 S 117<sup>th</sup> ST**

**OMAHA, NE 68144-1721**

**MEETING & EVENTS INFORMATION**

**WILL BE MADE VIA e-MAIL, UNLESS**

**OTHERWISE REQUESTED.**

\_\_\_\_\_ **Do not put my information  
in the directory.**