



Please join 2 photographs

## APPLICATION FOR LIFE / ACTIVE MEMBERSHIP (to be filled in capital letters)

| FULL NAME :  |   |
|--|---|
|  |   |
|  | QUALIFICATION:  |
| DATE OF BIRTH :  | NATIONALITY :   |
| MOBILE Nb :  | TELEPHONE Nb :  |
| E MAIL ID :  |   |
| HOBBIES & ACTIVITIES   |   |
| I speak French : Very well / rathe   | er well / a little / not at all   |
|  | ship will take effect after this Form has been approved by the<br>abide by the Rules & Regulations of Alliance Française de Poona |
| Date :   | Signature :   |
| Seconded by : (Current Member of A   | Signature :   |
| •  | Rs. 100/- for Couple : Rs.200/<br>Rs. 300/- p.a., for Couple : Rs. 450/- per annum<br>Rs. 6,000/-, for Couple : Rs 9,000/-        |
| For Office use only –<br>Fees paid Rs. by Cash/Chq No.<br>Receipt No / Date :  | Date Bank   |
| Approved by the Managing Comm<br>Accepted by : (on behalf of the Man<br>Name : | naging Committee)   |
| - 10111V •   | Dignature •   |

Kalachaya Campus, 270-D, Patrakar Nagar Road, Off Senapati Bapat Road, Pune - 411 016 INDIA Tel. : + 91 (20) 2566 8001/2 /3, Fax : 2565 7848; E-mail : afpune@afindia.org ; Web. : www.alliancefrpune.org