

## MEMBERSHIP ENROLMENT FORM

Mr.  Mrs.  Miss.

Full Name:

City:

Nationality:

Date of birth:

Phone:

Email:

Profession:

- Yes! I would like to be a member
- Yes! I would like to renew my membership

▪ Student (under 25 yrs)	▪ 10,000	▪ Family	50,000
▪ Individual	▪ 20,000	▪	

**Membership is valid for one year from the date received**

In addition to my membership, would like to make a charitable donation to the Alliance Française de Dar es Salaam

- 20,000
- 40,000
- 80,000
- Other

FOR ADMINISTRATION PURPOSES ONLY

Amount	tsh	
Date	Charity if any,	Amount tsh
Receipt number		