

# Membership Form

# Central Queensland Alliance Française

Attention: the secretary  
afdecq@gmail.com



PO Box 3413, Red Hill Post Office, North Rockhampton, Qld, 4701

Surname..... Given Name.....

Address.....

Suburb..... Post Code.....

Tel. (h)..... (w)..... (mob).....

Email .....

*Please print your email address very clearly so you can receive notices etc. Merci!*

**I am aged 18 or over, and I hereby apply to be a member of Central Queensland Alliance Française or/and apply to enrol in French classes– if completed online, invoice will be emailed.**

**Membership is encouraged but not compulsory:**

**Single - \$25, Family - \$35 (family member's name .....** )

**Signed .....**

**Date .....**

## Student Classes

**Adult Classes Wednesday evenings. Fees: \$200 per term (as per State Schools calendar)**

- *Payment is required by the second week of each term. Any difficulties please discuss with the Treasurer or your teacher prior to commencing. Fees are not refundable.*
- *To ensure the best quality in teaching, the Alliance Française reserves the right to redirect a student to another class level if the student's level does not match that of the rest of the class.*

To assist with planning of course content, please indicate below, by numbering 1 – 4, in order of priority, the skills you wish to develop (or your child/ren) at the moment.

Listening     Speaking     Reading     Writing

Do you have a proposed date for visiting a French-speaking country? (write the month, year)

.....

Have you (or your child/ren) already visited a French-speaking country? (yes/no)

If yes, when and for how long?.....

Have you (or your child/ren) studied French before? ..... For how long? .....

At what level? .....

How did you become aware of us? .....

***The Alliance Française regularly has articles published in the media to promote the organisation. Are you happy to have your(or your child's) image published Yes / NO***

**For students under sixteen years of age, this section must be signed by a parent or legal guardian**

*I, ..... have read and understood the terms and conditions above.*

(Child/ren's name ..... ) Date ..... Signature .....