25 Lama Avenue, Bel Air Park, Georgetown www.alliancefrancaisegy.com



Phone: (592) 637 9426 info@alliancefrancaisegy.com IG Handle: alliancefrancaise_guyana

FAMILY MEMBERSHIP APPLICATION 2025-2026

RATES

15,000 GYD PER YEAR FOR A FAMILY OF UP TO 4 MEMBERS \pm 2000 GYD PER YEAR FOR AN ADDITIONAL CHILD MEMBER

Join the Alliance Française of Guyana is an association that is part of a recognized network around the world. It is Georgetown's oldest center of French language teaching and your connection to everything French. As a member, you will be part of a vibrant community, gaining access to French language resources and stimulating cultural events that can only be found at our association. Your membership fees will help support our cultural programming and ensure a strong presence for French-speaking culture in the Georgetown area.

To join or renew, please complete this membership form, then make an appointment with 6379426 to hand it in

BENEFITS

Nationality _

The benefits of membership in AF Guyana include:

*Membership must be renewed every year in July

- access to French classes offered by the institution
- networking opportunities with French learners and native speakers
- exclusive access to information on upcoming events and workshops
- access to a collection of French titles for kids and adults from our library
- eligibility and priority for registration for limited seating events/workshops
- discounts on events or workshops when applicable
- eligibility to vote at the General Assembly

with your cash payment. Please tick one box.	
☐ I am renewing my membership	I am applying for membership
Please fill out this section in block letters.	
Salutation (Mr/Mrs/Ms.)	
First/Last Names	
Date of Birth	
Address	
Local Work Phone/Mobile number	
Whatsapp Number	
Email	
Occupation/Business	

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DETAILS OF FAMILY MEMBERS

Please type N/A if contact information is the same as the applicant.

Relationship	(please mention age if it is a child)	
Salutation		
First Name		
Last Name		
Local Number		
Email		
Emergency Contact		
FAMILY MEMBER #3		
Relationship	(please mention age if it is a child)	
Salutation		
First Name		
Last Name		
Local Number		
Email		
Emergency Contact		
FAMILY MEMBER #4		
Relationship	(please mention age if it is a child)	
Salutation		
First Name		
Last Name		
Local Number		
Email		
Emergency Contact		

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 be made by Cash only. Once payment has been made, no refund will be granted Damage or loss of library property will result in a replacement charge. The Alliance Française reserves the right to cancel membership activities or benefits. The signatory hereto indemnifies the Alliance Française against liability of whatsoever nature and howsoever arising for loss or damage to property, injury or death while on the premises of the Allian Française of Guyana The Alliance Française reserves the right to amend the prices for membership should there be a need I have read the terms and conditions governing membership of the Alliance Française of Guyana and hereby accept the conditions as outlined above. mage Waiver I hereby grant the Alliance Française of Guyana permission to use my likeness in a photograph, video	xcui sio	ns, aperos, film screenings, etc)
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Date Signature (Day/Month/Year)		☐ Yes ☐ No
Date Signature (Day/Month/Year)		Name
(Day/Month/Year)		
(Day/Month/Year)		Date Signature
Amount Paid		<u> </u>
Amount raid		Amount Daid
		Amount Falu

Date and Signature

Application & Payment Received by (Name of staff)