

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

I wish to enroll in: _____
Course Day Time Teacher

And also in: _____
Course Day Time Teacher

I am enclosing payment as follows—Total: \$_____ (Tuition: \$_____) (Membership: \$_____) (Book: \$_____)

Check one: I am a current AF member ☐ I have included payment to join the AF ☐ or to renew my AF membership ☐

**Please clip and mail this form, along with check payable to "Alliance Française de Sacramento," to:
Fall 2007 Session, Alliance Française, 1721 25th St., Sacramento, CA 95816. See you in class!**

For office use: Date: _____ Amount received: \$_____ Entered in db ☐ Entered in ab ☐ Card sent ☐

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