

Alliance Française de Knoxville

Membership Application

Name: _____
(as you want to be listed in the Annuaire)

Address: _____

city, zip code

Telephone: _____

Email: _____

Membership (please check one):

Family: \$35.00 _____

Single: \$20.00 _____

Student: \$10.00 _____

I have an interest in helping out with _____

Please make check to Alliance Française and mail to:

Dawn Patelke

9503 Andersonville Pike

Knoxville, TN 37938

E-mail: **dpatelke@aol.com**