Alliance Française de Brunei Darussalam

No. 1, BH Garden, Simpang 116, Jalan Tungku

Phone: (+673) 829 1986

E-mail: contact@afbrunei.org

Website: www.afbrunei.org

**MEMBERSHIP APPLICATION FORM**

**YOUR / YOUR COMPANY’S INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name |  | | | | |
| Corporate / Institution |  | | | | |
| Position of representative |  | | | | |
| Contact No. | (Mobile) | (Office) | | (Home) | |
| Address |  | | | | |
| Email Address |  | | | | |
| Gender | Male  Female | | Nationality | |  |
| Date of Birth |  | | Identity Card No. / Passport No. | |  |

**MEMBERSHIP CATEGORIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Yearly Fee** | In case of a Family Membership, please mention the names of your spouse and children | |
| Organisation | $90 | Name of Spouse |  |
| Family membership | $60 | Name of Child 1 |  |
| Individual membership | $30 | Name of Child 2. |  |

**MODE OF PAYMENT**

|  |  |
| --- | --- |
| Cash | |
| Cheque  (to “*ALLIANCE FRANÇAISE DE BRUNEI* ») | |
| Direct deposit to our bank account | |
| Account Name       Account Number      Swift/BIC | Alliance Française de Brunei  02-00-110-262560  BAIDBNBB |

**REMINDER**

A copy of the “Policies” and “Rules & Regulations” are available at AFBD reception, and the “Policies” on our website.

By signing this form, you confirm that you have read and agree to these documents.

Membership is valid for one year with effect from the day of payment.

Fees once paid will not be refunded or transferred under any circumstances.

I, the undersigned, declare that all the information stated above is complete and accurate.

|  |  |
| --- | --- |
|  |  |
| SIGNATURE | DATE |

**Disclaimer:** We will not, in any circumstances, share your personal information with other individuals or organisations without your permission, including public organisations, corporations or individuals, except when applicable by law. We do not sell, communicate or divulge your information to any mailing lists.

**For office use only**

|  |  |
| --- | --- |
| Receipt N° | ……………………………………. |
| Receipt Date | ……………………………………. |
| Validity Period | ……………………………………. |