



MEMBERSHIP FORM

Family membership



PLEASE WRITE IN BLOCK CAPITALS

MAIN MEMBER'S INFORMATION

▪ Hong Kong ID#

▪ Title: M. Mrs. Miss. Ms.

▪ Surname in English - (as printed on HKID):

▪ First name in English - (as printed on HKID):

▪ Date of Birth-(dd/mm/yy):

▪ Nationality:

▪ Phone:

▪ E-mail _____

Please do not fill in this part

▪ AFHK number

▪ Expiration date:

▪ Reader Number

▪ Address:

flat/room block floor name of building

Number & name of street/estate District

- I would you like to receive "La Bulle", our e-newsletter about cultural activities and courses
- I would like to subscribe to a Family membership at the Alliance française de Hong Kong and pay an annual subscription fee of HK\$500. As such, 4 members of the same family will be able to borrow documents at the Mediatheque with the Alliance française de Hong Kong Card.
- I have read and accepted the general conditions of the library

Date: _____ Signature: _____

OFFICIAL USE ONLY

Cotisation:

Versée le	Montant	Chèque n°	Reçu n°	Date d'expiration

