



French International Program Association
F I P A

FAMILY MEMBERSHIP FORM

For FIPA
Cash \$ _____
Check # _____

Parent(s): LAST NAME: _____ FIRST NAME: _____

Parent(s): LAST NAME: _____ FIRST NAME: _____

Mailing Address: _____

CITY: _____ STATE: FL ZIP: _____

Enter only preferred form of contact:

Day _____ Evening _____

Cell _____ E-mail address: _____
(Please write CLEARLY)

Parents' Business/Profession: _____

Student's Name	School	Grade	For FIPA
_____	_____	_____	A <input type="checkbox"/>
_____	_____	_____	E <input type="checkbox"/>
_____	_____	_____	L <input type="checkbox"/>
_____	_____	_____	_____

Please circle areas of interest where you can volunteer:				
Educational (N)	Cultural (O)	Official/Government (P)	Legal (Q)	Membership (R)
Fundraising (S)	Social Events (T)	Sponsorship(U)	Newsletter (V)	Student Exchange (W)
Website (X)	Media and External Communications (Y)	Other areas of interest _____		

Please mail this completed form with your check made payable to FIPA - All donations are tax-deductible.

Please check the appropriate level of annual membership.

\$25.00 = Member \$50.00 = Sponsor (includes T-shirt) \$100.00 = Patron (Includes up to 2 T-shirts)